

**REMINDER:** A COMPLETE AGREEMENT, DEPOSIT & RENTAL FEES MUST BE SUBMITTED TO THIS DEPARTMENT 15 WORKDAYS (THREE WEEKS) IN ADVANCE OF THE REQUESTED DATES.

General James F. Fretterd Community Center  
107 South 4<sup>th</sup> Street Denton, MD 21629 410-479-8120  
**Facility Use Agreement**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Address \_\_\_\_\_ City/State/ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Email address \_\_\_\_\_  
Organization \_\_\_\_\_ Contact Name \_\_\_\_\_  
Are you a Non-Profit or Civic Organization? Yes \_\_\_ No \_\_\_ Community Recognition Group? Yes \_\_\_ No \_\_\_

Caroline County Recreation & Parks retains the right to cancel and refund any approved reservation if the room reserved is required for an official County or Recreation Department program or event.

**PLEASE NOTE:** Applicants must provide a valid driver's license and be at least 21 years old.

Check One:	Facilities Requested	Public Use Rates for two hours as a reference point. See Building Use Policy for Complete Schedule of Fees		
		Weekday	Evening & weekend	Security Deposit*
	Gymnasium	50	95	150
	Activity Room 104	20	65	50
	Activity Room 113	20	65	50
	Activity Room 204	20	65	50
	Gym & Activity Room: _____ (specify)	70	115	150
	Activity Rooms _____ & _____ (specify)	40	130	100
	Gym & 3 Activity Rooms	90	155	150

\* Security Deposit may vary dependent upon proposed use and duration

Description of Event \_\_\_\_\_ If a dance, what is the age/grade range? \_\_\_\_\_  
Event Dates \_\_\_\_\_ Day of Week: Su M T W Th F Sa  
Time Event Starts \_\_\_\_\_ Time Event Ends \_\_\_\_\_ Expected Attendance \_\_\_\_\_

**Please note that set-up and clean-up times should be included in time frame requested for facility use.**

Tables: No \_\_\_ Yes \_\_\_ How Many? \_\_\_\_\_  
Chairs: No \_\_\_ Yes \_\_\_ How Many? \_\_\_\_\_

The department has a limited supply available. A list of local companies for table and chair rental is available upon request.

Have you rented space at the Community Center before: Yes \_\_\_ No \_\_\_

Are you charging admission? Yes \_\_\_ No \_\_\_ If yes, who benefits from the fee: \_\_\_\_\_

Are you using a caterer? Yes \_\_\_ No \_\_\_ If yes, name the vendor \_\_\_\_\_

License # \_\_\_\_\_

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Will you be having a band? No \_\_\_ Yes \_\_\_ Name and phone of band \_\_\_\_\_

Will you be having a DJ? No \_\_\_ Yes \_\_\_ Name and phone of DJ \_\_\_\_\_

Will there be pre-event advertising? No \_\_\_ Yes \_\_\_ If yes, where? \_\_\_\_\_

Do you wish to place additional signage on the Community Center grounds for your event? No \_\_\_ Yes \_\_\_

**RULES AND REGULATIONS: *Review and Initial each statement***

I understand **my responsibility to follow Community Center Policies** as a “Contractor” and pledge to review these policies prior to my scheduled use of the building. A copy of the Community Center Building Use Policies (dated December 2008/amended 2009, 2010) has been provided to me.

INITIAL HERE: \_\_\_\_\_

**Cancellations of this agreement must be received three (3) business days prior** to the event in order to receive a full refund. I understand the Department will contact me within five workdays of the date of my submission of this application (as noted on the FUA) to confirm the application details and review any questions.

INITIAL HERE: \_\_\_\_\_

I have provided a copy of my driver’s license and **understand that the security deposit, rental fees, and a signed liability waiver and/or insurance certificate specifying Caroline County as additional insured** must be submitted to the Department **three (3) weeks prior to the first date** of use requested on this application. Failure to meet this deadline cancels this facility Use Agreement.

INITIAL HERE: \_\_\_\_\_

I understand that parking in the surrounding church **parking lot is generally permitted except on Sundays** from 9:00 a.m. to 1:00 p.m.

INITIAL HERE: \_\_\_\_\_

I understand that my guests and my own **access to the Community center is restricted to the areas specified on the FUA**, that set-up and take-down must be completed within the timeframe noted on this application and that the activities cannot vary from the activity function stated on this application.

INITIAL HERE: \_\_\_\_\_

I understand that this is a **non-smoking facility** and that alcohol consumption is permitted only by special-use exemption through the Caroline County Commissioners or their designee.

INITIAL HERE: \_\_\_\_\_

I understand that if the event proposed is likely to **attract more than 100 people and/or a public admission fee is charged**, I may be required by the department to provide at my expense security via **local law enforcement** for the duration of my event.

INITIAL HERE: \_\_\_\_\_

I understand if I am **selling food concessions** as a part of my event that I must secure a **Temporary Food Service** permit three (3) weeks prior to the scheduled use. The permit is available through the Caroline County Environmental Health Department.

INITIAL HERE: \_\_\_\_\_

I understand that the use of **the gym is restricted to soft-soled shoes** and that non-athletic use of the gym is permitted with a floor covering provides and installed by the department for an additional fee.

INITIAL HERE: \_\_\_\_\_

I understand I am **responsible for the clean-up of the facility** within each period of contracted use and failure to complete this will indicate a forfeit of the security deposit and may jeopardize Department approval of future Facility Use Agreement requests.

INITIAL HERE: \_\_\_\_\_

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As the applicant for the use of the General James F. Fretterd Community Center, I certify for myself and on behalf of the organization I represent to assume responsibility for the building and grounds leased by this application, to follow the building policy rules and to be responsible for any property damage that occurs as a result of facility use.

I further agree to indemnify and hold harmless Caroline County and its employees from any and all liability claims, and judgments, including attorney's fees and court costs, resulting from the rental pursuant to this contract and further agree to provide notice of any claims made against either applicant or Caroline County immediately upon receipt through written notification to the Director of Caroline County Recreation and Parks.

I have read the rules and policies included with this application and I agree to abide by them.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Organization Represented

**To be completed by Recreation & Parks Department**

Submitted on

Date \_\_\_\_\_

Time: \_\_\_\_\_

Initials \_\_\_\_\_

Copy of Applicant's valid driver's license attached \_\_\_\_\_

Non-Profit \_\_\_\_\_ Private/For Profit \_\_\_\_\_ Date Insurance Certificate Received \_\_\_\_\_

**FEE PAYMENT RECORD:**

Rental Costs per hour(s): \_\_\_\_\_ X # of hours \_\_\_\_\_ = \_\_\_\_\_

Security Deposit: (50% of total rent or \$150 for gym and \$50 per activity room – whichever is more) = \_\_\_\_\_

Carpet installation: (\$75/installation) = \_\_\_\_\_

**Total** = \_\_\_\_\_

Date Payment Received: \_\_\_\_\_ Form of payment: Check #: \_\_\_\_\_

Cash: \_\_\_\_\_

Credit Card: \_\_\_\_\_

Receipt Provided: \_\_\_\_\_

Date Customer Contacted: \_\_\_\_\_

Security Required: \_\_\_ Yes \_\_\_ No

Deposit refund requested: \_\_\_\_\_

\_\_\_\_\_  
Initials of Administrative Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Management Associate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Director or Designee

\_\_\_\_\_  
Date

(Payment schedule on back)