Charles County Department of Parks, Recreation and Tourism
Application for Use of Facility.

Date: _____

Organization Name:	
Contact Person:	**Title/Position:**
Address/City/State/Zip:	
Email Address:	**Phone Number:**

Requested Dates

Dates and times are subject *to change by priority scheduling for Charles County Government activities.*

	Date	Start Time	Total Hours
Choice 1			
Choice 2			
Choice 3			

Event Purpose (Describe in detail)

Please select the Event Equipment Requested:

☐	**Volleyball**	☐	**Basketball**	☐	**½ Gym**	☐	**Full Gym**
☐	**Other:**						

The organization requesting the use of the facility must obtain liability insurance. Bodily injury and property damage combined single limit in the amount of $1 million per occurrence, and $2 million annual aggregate is required. Charles County Government must be named as the additionally insured on the policy. If the organization has a paid worker on site during the proposed activity, proof of worker's compensation must also be provided. **Certificate of Liability Insurance MUST be attached to this Application**

The undersigned is a duly Authorized representative of the above organization, assumes responsibility for the use of the facility in accordance with the regulations governing their use and agrees to pay the Division Recreation all expenses specified for this use.

Printed Name:	**Signed Name:**

For DPRT Use Only:

Rental Fee: _____ Hours: _____ Total Balance Due: _____

Check Cash M/O M/C Visa Discover Staff Initials: _____
Check/Card Name: _____
Check/Card#_____ Exp. Date: _____CVV: _____
Deposit Amount: _____ Balance Due: _____

☐ APPROVED ☐ DENIED RPT Representative: Date: