



Activity Center at Bohrer Park, Summit Hall Farm
 506 S. Frederick Ave., Gaithersburg, MD 20877
 Phone: 301-258-6350 • Fax: 301-948-8364

FACILITY USE APPLICATION

EVENT NAME: _____ **Number of Attendees Expected:** _____

Description of Event: _____

Date(s): _____ Time: _____

Please be sure to include necessary time for set up and clean up.

APPLICANT

Name: _____ City Resident Non-Resident

Organization: _____

Address: _____ City/St/Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

PAYER (if different from above)

Name: _____

Organization: _____

Address: _____ City/St/Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

SPACE REQUESTED: Check one or more as appropriate

- One full gym
- Double gym
- Lobby (available only to groups renting entire center)
- Activity Room A (closest to side terrace)
- Activity Room B (middle room)
- Activity Room C (closest to lobby)

EQUIPMENT REQUIRED:

- 48" round tables; how many _____
- 6 ft. rectangular tables; how many _____
- Chairs; how many _____
- Bleachers open
- Other; please be specific: _____

Please identify any other information that will be helpful to Center staff: _____

Applicant/organization accepts responsibility to abide by all procedures outlined in the "Rental Program" document and understands penalties associated with not abiding by these stipulations. In addition, applicant agrees that by signing this application, the City of Gaithersburg is authorized to charge applicants' credit card and/or process checks and cash for specified fees.

The applicant furthermore agrees to indemnify and hold harmless the City and its agents against any and all losses, injuries or damages to any person or thing that shall arise from the applicant's use of the Activity Center at Bohrer Park, Summit Hall Farm.

All cancellations are subject to a minimum \$10 processing fee.

_____ Date of this request: _____ Signature of Applicant: _____

FOR CENTER STAFF USE ONLY:		Date Rec'd _____	By: _____
Driver's License # _____			
Rate Per Hour \$ _____	x No. of Hours _____	= \$ _____	Total Rental Fee
Equipment Fee \$ _____		\$ _____	Total Equipment Fee
Security Deposit: Amount \$ _____	Date Rec'd _____	By: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
VISA/Mastercard/Discover #: _____			Exp. Date ____/____/____
Cardholder name (please print): _____			