



**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 \_\_\_\_\_ = \$ \_\_\_\_\_

Equipment Fee \$ \_\_\_\_\_ \$ \_\_\_\_\_

Security Deposit: Amount \$ \_\_\_\_\_ Date Rec'd \_\_\_\_\_ By: \_\_\_\_\_

VISA/Mastercard/Discover #: \_\_\_\_\_

Cardholder name (please print): \_\_\_\_\_

Total Rental Fee

Total Equipment Fee

Cash  Check # \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_