



GREENBELT COMMUNITY CENTER

15 Crescent Road, Greenbelt, MD 20770
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Office Use Only.

Receipt #:
Date Entered:
Rental Fee:
Security Deposit:
Total:

FACILITY RENTAL APPLICATION

Name/Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

E-mail address: _____

EVENT/ACTIVITY INFORMATION:

	<u>Greenbelt Resident Hourly Rate*</u>	<u>Non-Resident Hourly Rate</u>
___ Commercial Kitchen (Room 107) (License Required)	\$50.00	\$65.00
___ Gymnasium--Sports Only (Room 106)	\$45.00	\$55.00
___ Multi-Purpose Room (Room 201)	\$40.00	\$50.00
___ Dance Studio (Room 10)	\$35.00	\$45.00
___ Theater Rehearsal Room (Room 202)	\$30.00	\$40.00
___ Senior Classroom (Room 114)	\$25.00	\$35.00
___ Community Meeting Room (Room 103)	\$25.00	\$35.00
___ Gallery (Room 112)	\$25.00	\$35.00

Event/Activity: _____

Date(s) of Reservation: _____ Day(s) of Week: Su M T W R F Sa

Time of Reservation (include start and end time): _____

Number of persons expected: _____ Number of Tables needed: _____ Number of Chairs needed: _____

***Greenbelt proof of residency is required: State issued ID or current lease with a valid Greenbelt address.**

DISCLOSURE:

By signing this form you agree to abide by all procedures and rules outlined in the *Facility Usage Policies*, to accept full responsibility for all attendees of your event and understand all penalties associated with not abiding by these policies.

Applicants Signature: _____ Date: _____

SECURITY DEPOSIT:

Applicants renting a room for a single date must pay the whole amount due before the rental will be processed. **A security deposit equal to the total rental fee or \$100, whichever is less, is also due before the rental will be processed.** If *Facility Usage Policies* are violated or damage to the facility and/or content occurs during the reservation, additional fees may be charged. If applicable, security deposit refund will be processed within ten business days following the date of the event.

PAYMENT INFORMATION: Cash (only accepted M-F 9am-430pm) Check Money Order Credit Card

Name on card: _____

Billing Address: _____

Card Type: _____ Card Number: _____ Expiration Date: _____

Credit Card Holder Signature: _____ CVV#: _____