



GREENBELT COMMUNITY CENTER

15 Crescent Rd, Greenbelt, MD 20770
Phone: 301-397-2208 Fax: 301-220-0561
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FACILITY RENTAL APPLICATION

Date: _____

Name/Organization: _____

Address: _____ City/St/Zip: _____

Phone Number: Home: _____ Work: _____ Cell: _____

E-mail address: _____

Rentals at the Greenbelt Community Center are scheduled on a quarterly basis and approval may not be immediate or guaranteed based on Recreation programming and scheduling of events. The Greenbelt Community Center retains the right to cancel any approved reservation if the room reserved is needed for an official City or Recreation Department program or event. ****PLEASE NOTE: Greenbelt resident proof is required in the form of a state issued photo ID or current lease with a valid Greenbelt address.**

	**Greenbelt Resident Hourly Rate	Non-Resident Hourly Rate
___ Gymnasium (Sports Only) (106)	\$40.00	\$50.00
___ Multi-Purpose Room (201)	\$35.00	\$45.00
___ Theater Rehearsal Room (202)	\$20.00	\$30.00
___ Senior Classroom (114)	\$20.00	\$30.00
___ Senior Conference Gallery (112)	\$20.00	\$30.00
___ Dance Studio (10)	\$30.00	\$40.00
___ Community Meeting Room (103)	\$20.00	\$30.00

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

Time of Reservation: _____ Number of Tables Needed: _____ Number of Chairs Needed: _____

Description of Event:

Number of persons expected: _____

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

Applicants Signature: _____ Date: _____

A valid credit card number must be provided and will be charged up to \$500 if facility rules and policies are violated or damage to the facility or its contents occurs during the rental time.

CREDIT CARD INFO: Name on card: _____

Billing Address: _____

Card Type: _____ **Card Number:** _____

CVV# _____ (the last 3 digits of the italicized number in the signature box on your card)

Expiration Date: _____

Credit Card Holder Signature: _____ **Date:** _____