

FACILITY RENTAL REQUEST FORM The People's Park

1 Harry Truman Parkway, Annapolis, MD 21401 (410) 222.7300 Fax: (410) 222.4120 website: www.aacounty.org/recparks

Thank you for you interest in hosting an event with Anne Arundel County Recreation & Parks. We ask that you please complete this facility use request form to begin the reservation process. Please note that all requests must be submitted at least thirty (30) days prior to the requested event date and this facility request does not guarantee space availability. Please read entire document prior to submittal. Once completed, please e-mail or fax application to Megan Chido at rpchid22@aacounty.org or 410-222-2868. Once we have received your request, we will contact you to confirm or discuss the event. Please allow 2-3 business days for a response. You must be 21 years of age to apply for a special events permit.

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CONTACT INFORMATION				
Primary Event Contact:				
Billing Address:				
Contact Phone:	City State Fax #	e Zip		
E-Mail:	Sponsor: If applicable			
EVENT INFORMATION				
Event Date:	2nd Choice Date (if applicable):			
Event Name:	Event Type:	_		
Event Start Time:	Event End Time	Use is for a full day (8hrs). ————————————————————————————————————		
Set-Up Date:	Set-Up Time:	proper preparation of the facility.		
Description of Event:		_		
Number of Attendees/Guest (Approximate)	Facility is limited to 200 of guest. A Director's waiver is required if more then 200.			
Concessions/Caterer	Yes If Yes, are they licen	sed?		
Please indicate if you will be using	ng any of the following:			
Admission Fees	Alcohol special permit music	Parade Port-a-Pots		
Signage	nts/pop ups Vendors	Other - Please indicate		

The undersigned hereby makes application to Anne Arundel County Recreation & Parks (AACRP) for the use of The People's Park and certifies that the information given in this application is correct. The undersigned further states that he/she has the authority to make this application for the Applicant or organization and agrees that the Applicant has received, reviewed, understands, and will observe the Department's policies and procedures, as found in the Guidelines and Reference Manual and Facility User Rules and Guidelines attached. Applicant agrees to exercise the utmost care in the use of the AACRP property; the Applicant further agrees to reimburse the Anne Arundel County Recreation & Parks Department (Department) for any damage arising from the Applicant's use of the property. The Applicant hereby shall assume all risks incident to or in connection with the permitted activity and shall be solely responsible for damage or injury, including death, of whatever kind or nature, to person or property, directly or indirectly arising out of or in connection with the permitted activity or the conduct of applicant's operation. Applicant hereby expressly releases Anne Arundel County Recreation & Parks from any claims for damages and/or injuries, including death, and agrees to defend and save the Department harmless from any damages or injuries, including death, directly or indirectly arising out of or in connection with the permitted activity or conduct of its operation or resulting from the negligence or intentional acts or omissions of applicant or its officers, agents and employees.

My signature below acknowledges that I have read and understand the above terms and conditions:

Applicant Signature		Applicant Title	Date	
RECREATION & PARKS USE ONLY:				
APPROVED:		Date:		
_	Director, Anne Aru	indel County Department of Recreation and	Parks	
DISAPPROVED: _	Dinastan Anna An	Date:	Doube	
	Director, Anne Aru	indel County Department of Recreation and	Parks	
	Permit is not approved ur	nless signed and dated by authorized official		
Paid:	Date:	Tender:		
	NOTES	S/COMMENTS SECTION		