

P.O. Box 216
Washington Grove, MD 20880

Hall Scheduler: _____

Town Office: 301-926-2256

APPLICATION FOR PRIVATE USE OF MCCATHRAN HALL

I, _____, a resident of the Town of Washington Grove, request that McCathran Hall be reserved in my name for the following event:

DATE: _____

TIME: FROM _____ UNTIL _____

PURPOSE: _____

User Information:

NAME: _____

ADDRESS: _____

PHONE: _____ (W) _____

Resident-Sponsor Info.(if applicable):

NAME: _____

ADDRESS: _____

PHONE: _____ (W) _____

The capacity of the Hall is 150 in rows and 100 at tables. All activities held primarily for children and/or teens (i.e., persons under 18 years of age) must be attended by adult sponsors; at least one adult sponsor for each 10 teens, preteen, and children must be assured. The full names, addresses, and telephone numbers of the adult sponsors must be listed on a separate sheet and attached to this application. Failure of listed adults to appear for the scheduled activity will result in automatic revocation of permission to use McCathran Hall.

I have read REGULATIONS FOR THE USE AND RENTAL OF MCCATHRAN HALL (Resolution No. 2002-04) and agree to abide by these regulations and clean up rules.

Sponsor Signature

Date

User Signature

Date

FOR OFFICE USE:

Deposit Check Rcvd. (\$250.00) _____

Alcohol Permit Requested: Yes No (Circle One)

Full Day/Full Use:

Residents: \$175.00

Non-Residents: \$375.00

Hourly Use:

Octagon: \$25(R) \$40 (RS) \$25 (NP) * (R) = Resident

Lower: \$15(R) \$30 (RS) \$15 (NP) (RS) = Resident Sponsor

All: \$40 (R) \$70 (RS) \$40 (NP) (NP) = Non-Profit Group

RELEASE OF LIABILITY

The undersigned certifies that the use of McCathran Hall is voluntary, that the undersigned personally has inspected the hall, and assumes all risks to persons or property, including theft, that may be sustained in or about McCathran Hall in connection with its use.

In consideration of use of McCathran Hall, the undersigned and the undersigned's successors and assigns, agree to release, discharge, defend, indemnify, and otherwise hold harmless, the Town of Washington Grove, its officials, agents and employees, from any and all claims and causes of action, including those for injury to any person, property, or theft of property, that may arise in or about McCathran Hall in connection with its use, regardless of whether such claims or causes of action are due to negligence or any other fault. Such claims or causes of action also include damages, penalties, charges, expenses, and reasonable attorneys' fees.

The undersigned certifies that he/she is at least eighteen (18) years of age, and has read and understands the terms and conditions of the foregoing application and release. If this application and release is made on behalf of an organization or a group, the undersigned certifies that he/she is authorized to sign this application and release on behalf of the organization or group, and to assume financial responsibility for damages to McCathran Hall.

SIGNATURE OF USER: _____ DATE: _____

ADDRESS: _____

PHONE NUMBER OF USER: _____