

Long-Term Rental Application

Name:		
Organization:		
Address:	Phone:	(Day) (Night
Email:		
Purpose:		
Insurance Requirements:		
Certain activities conducted on either Parks liability insurance naming both FCPD and F requirements will be provided at the time of	and Recreation or Frederick County Public School proper FCPS as the Additional Insured and the policies must be er request.	rty will require a certificate of ndorsed. Complete insurance
Facility Request		
Type of Facility:	Location:	
Day(s) Requested:		
Time of Use:		
Start Date:	End Date:	
Fees		
	nimum of fifty or more hours will be eligible for mmended annually by the Parks and Recreation	
reservation. Remaining fees will be b	annual basis and the first month's rental must be billed on a recurring basis and must be paid no la vation will commence. Failure to pay will result	ter than the first business
Internal Use Only:		
Number of hours reserved:	Pre-Discounted Fee:	
Total Due:	Monthly Payment Amount:	
Amount Paid at Reservation:	Staff Initials:	