



Exhibit "A" to EQUITY RESOLUTION No.8
KING FARM CITIZENS ASSEMBLY, INC
COMMUNITY CENTER RENTAL APPLICATION

Resident's Name: _____
Resident's Address: _____ Rockville, MD 20850
Phone Number: _____ (Cell) _____ (required)
Email: _____

YOU MUST LEAVE A PHONE NUMBER WHERE YOU CAN BE REACHED THE DAY OF THE EVENT

PLANNED EVENT:

Date: _____
Start Time: _____
Ending Time: _____

Note: The event may only be scheduled for a maximum of 7 hours and must include the setup and breakdown time.

Number of Guests: _____

*Max allowance is 100 people – **Current capacity limit is 50 people** due to the COVID-19 pandemic.

Description of Event: _____

Alcohol served: YES / NO (circle one)

FOR ASSOCIATION OFFICE USE ONLY

Checks and signed agreement received by Management? YES / NO

Property Manager _____ Date of Approval _____

Pre-event Inspection: Date _____ Time _____ Inspected by _____

Post-event Inspection: Date _____ Time _____ Inspected by _____

Deposit returned: Date _____ Amount returned \$ _____

Reason Deposit was withheld _____

MANAGEMENT WILL CHARGE \$250 FOR EVERY 30 MINUTES OVER 11 PM

ALL RENTAL EQUIPMENT/SUPPLIES MUST BE CLEARED OUT OF THE ROOM THE SAME DAY AS OF THE PARTY.

