



Kent County Parks and Recreation

11041 Worton Road, PO Box 67, Worton, MD 21678
410-778-1948 * info@KentParksAndRec.org



Pavilion Reservation Application and Contract

Requestor Information

Full Name: _____	Today's Date: _____
Organization: _____	
Mailing Address: _____	
City, State, & Zip: _____	
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email Address: _____

Room Information

Pavilion Requested:

<input type="checkbox"/> Betterton Beach	<input type="checkbox"/> Edesville Park	<input type="checkbox"/> Toal Park
<input type="checkbox"/> Turner's Creek	<input type="checkbox"/> Worton Park	

2nd Choice: _____

Date(s) Requested: _____

Please be advised that if requesting a rain date for your event it will be reserved on the next available consecutive day (i.e. if original date is a Saturday the rain date will be Sunday if there are no other reservation conflicts). If the Contractholder desires any other date additional rental charges will apply.

Time Requested (include ending time): _____

Event Description: _____

Number of People Attending: _____

Rules and Regulations: Review and initial each statement

I am at least 21 years of age and understand I may be requested to provide Department personnel with a valid identification.
INITIAL HERE: _____

I understand the Department will contact me within 48 business hours of my submission of this application and inform me of availability. If the desired rental date is available the full rental payment must be paid within 7 calendar days of receiving notification from the Department. Once the payment is received, I understand I will receive an approved Rental Contract.
INITIAL HERE: _____

I understand I must be on-site, with the signed and approved Rental Contract for the duration of the permitted activity.
INITIAL HERE: _____

I understand that alcohol, tobacco, controlled or illegal substances are strictly prohibited on County property.
INITIAL HERE: _____

I understand that I am responsible for the repair or replacement of any damage incurred to the pavilion or its contents during the permitted activity and cleanup of the area utilized. I understand that failure to do so may result in additional charges and threat future pavilion use.
INITIAL HERE: _____

I understand that cancellations must be received by the Department, during normal business hours, at least 7 calendar days prior to the event to qualify for a full refund minus a \$5 service fee. Failure to do so will result in the forfeiture of 50% of the rental fee.
INITIAL HERE: _____

I understand that Kent County Parks and Recreation, Kent County Government, its elected officials and employees are absolved of all responsibility and liability for any damage, injury, or loss sustained by person or property as a result of the user's negligence or that of any member in their group.
INITIAL HERE: _____

Please be advised that this is not an approved contract until you receive an approved copy.
The Department reserves the right to cancel any Rental Contract.

For KCPR Use Only

Date Request Received: _____ Pavilion Assigned: _____

Notes on when and how Requestor was notified: _____

Full Rental Payment Due: \$ _____ Date Due (7 days after notification): _____

Date Received: _____ Form of Payment: _____ Staff Initials: _____

Notes: _____

Contract

Approved

Not Approved

Staff Initials: _____

Notes: _____

Cancelled by Contractholder on: _____ Reason: _____

Cancelled by Department on: _____ Reason: _____

Refund Information (if applicable): _____

Refund in Full (-\$5 fee)

Partial Refund (-\$5 fee)

Retained in Full

If any part of the Rental Fee is retained by the Department please explain: _____

If refunding any part of the rental fee please indicated date submitted to the Finance Office: _____