



**Thomas Farm Community Center**  
**City of Rockville**  
*Department of Recreation and Parks*

700 Falls Grove Drive, Rockville, Maryland 20850

**Phone:** 240-314-8840

**Website:** www.rockvillemd.gov/thomasfarm

**FALLSGROVE PARK OUTDOOR FACILITY RENTAL PERMIT**

**GAZEBO**

Today's Date: \_\_\_\_\_

Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Event/Activity: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Alternative Date/Raindate: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ (Park hours 9 a.m.-7 p.m.)

Expected in attendance (#'s): \_\_\_\_\_ (max 30 people)

Will you be hiring a caterer or food truck?\*  Yes  No

Will you have a DJ or amplified music?\*  Yes  No

Will you be collecting money, donations, selling tickets or fundraising on City of Rockville property?\*  Yes  No

Will you be hosting a class, camp, program or workshop on City of Rockville property?\*  Yes  No

Will food/beverages be available?  Yes  No

**By signing, I have read, understand and agree to adhere to the terms, policies, rules and regulations in the Permit a Park Picnic Area Information Packet. I agree to ensure all the ordinances and laws for Montgomery County and City of Rockville are adhered to during the above contracted use of City of Rockville parks, facilities, property and grounds.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*All Falls Grove Park rentals are subject to be monitored by City of Rockville representatives\**

<b>For Office Use Only:</b>		Permit # _____	
Number of hours _____	<input type="checkbox"/> \$130 for 5 hours max. \$26 each add. hr. (R)		
	<input type="checkbox"/> \$200 for 5 hours max. \$40 each add. hr. (NR)		
Rental \$ _____	Date: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Charge <input type="checkbox"/> MO/CK# _____
Security Deposit (\$100) \$ _____	Date: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Charge <input type="checkbox"/> MO/CK# _____
Additional Hours (after 5 hours) \$ _____	Date: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Charge <input type="checkbox"/> MO/CK# _____
Raindate (\$75) \$ _____	Date: _____	Staff initials _____	
Total Due \$ _____			<b>Deposit Returned;</b>
SD Amount Returned: _____	Date SD Returned: _____	Rental Completed by _____	<input type="checkbox"/> Check by mail
Administrative Fees Withheld _____	Cancellation Fees Withheld _____		<input type="checkbox"/> Credit Card# _____
			<input type="checkbox"/> Credit on acct.