

The Parke Scheduling Request Form

Coordinator/Owner: _____ Phone: _____

Email: _____

Location: Grand Hall ____ Card Room ____ Billiards Room ____ Library ____ Art Room ____

Date: _____ Time Start _____ End _____

Open TO ALL RESIDENTS: YES or NO

Frequency of Event/Activity/Meeting (circle appropriate type): One Time ____ Weekly ____ Twice a Month ____ Monthly ____ Every Other Month ____ Annually ____

Purpose: _____

Does the activity/event include wagering? Yes or No (Wager – act of risking money on the unknown result of an event, hoping to win more than you risked.)

Gaming Activity/Event:

If yes – please sign below that you understand that you are responsible for upholding the Maryland Code Ann 9-1C-01 Home Games (see attached). In addition, any resident wanting information regarding this activity will be directed to you for information as the Association cannot host a wagering activity per the Home Game Law.

As the Activity/Event Coordinator understand that I am the “individual” conducting this game and will be present at the activity to be responsible for the aspects of the Home Game Law.

(Signature)

(Date)

Private Rental – Fee for Room \$ _____ Date Paid _____

CRR Info (if needed) CRR Name: _____ Phone: _____

Special Equipment/Instructions: (Wagering Activities/Events must submit an electronic description of the game rules)

By signing this document the Coordinator of the above activity/event/meeting, agrees to abide by the rules and guidelines set forth by The Parke at Ocean Pines Community Governing Documents.

Signature of Coordinator

Date:

Approved by (Staff): _____

Date:

*******Cancellations are required 24 hours in advance (410) 208-4994*******

Cancellation Date: _____ Person who cancelled activity: _____

Reason for cancelling: _____

NOTE: If the above needs to be rescheduled a new request form must be filled out. It will not automatically be rescheduled unless there is a rain date scheduled.

NOTE: ALL REQUESTS MUST BE SUBMITTED AT LEAST 24 HRS IN ADVANCE

Set Up Check List

Schedule Date: _____ Time: _____ Est # of Attendees: _____

Set Up Configuration: Theater Style: _____ Board Meeting Style: _____ Stadium Style: _____

Large Banquet Style: _____ Small Banquet Style: _____ Cocktail Social Style: _____

Staff Set Up: Yes or No

Number of Tables:

- 8 ft. Rectangle _____
- 6 ft. Rectangle _____
- Round _____
- Other _____

Number of Chairs _____

Items needed:

- Coffee Pot _____
- Power Point _____
- TV _____
- DVD _____
- Other _____

OTHER SET UP DESIGN

Additional Requests _____

