

# Adventist HealthCare Fieldhouse 2022-23 Meeting Room Rental Agreement

Office Use Only			
Date Received		Processed By	
Renter Name		Team/Group Affiliation	
Renter Phone #		Renter Email	
Onsite Contact Name		Onsite Contact Phone #	
Activity		Total # of People Expected	
Grand Room (Max Capacity 80)		Meeting Room (Max Capacity 20)	
Requested Dates		Requested Times	
		Total Number of Hours	
		Rental Fee	\$100.00/Hour
		Total Cost	\$

**General Rental Rules**

1. No gum, spitting, tobacco or alcohol.
2. No trash left on courts, especially plastic bottles.
3. No outside food.
4. No pets allowed.
5. Only non-marking shoes may be used on the playing courts
6. Do not move or adjust **any** equipment, furniture, or technology. Please ask for assistance.

**Rental Terms**

1. **All hours have to be booked 48 hours advance.**
2. Submission of this form is not a guarantee of the rental until a confirmation email is received by the submitting party.
3. All payments, including deposits, are non-refundable and must be made by credit card at the time of reservation
4. Renters are **not** allowed on courts before their designated time and must be off the courts at the designated time.
5. Please be courteous of others-- when your time is completed, promptly leave the field of play so that the next rental can use the field. It is the responsibility of the customer to end their rental at the specified time and to utilize only the field assigned. Anyone who continues to practice or play after their time has been completed or take the field early will be billed and may forfeit their rights to future rentals at the Maryland SoccerPlex and Adventist HealthCare Fieldhouse.
6. Rentals cancelled by Maryland SoccerPlex and Adventist HealthCare Fieldhouse due to weather or other condition will be rescheduled to a later date. Check our weather hotline (301)528-1497 before arriving.
7. **Access to the rental area may not commence until the Onsite Contact or Renter as designated on this form arrives to that designated area. The rental time will not be extended due to late arrival of the renter. Minor children using the rental area must be supervised by the onsite contact/renter at all times.**

I agree to pay the total cost in full at the time of reservation. I understand that if full payment is not made at this time, the court will not be reserved. The times agreed upon in this document will be enforced. I understand that the Maryland SoccerPlex may schedule other groups and activities immediately following my rental and that it will be my responsibility to ensure the space is vacated promptly at the completion of my allotted time. If I do not vacate on time, I understand I will be charged a penalty fee of \$25 for every 10 minutes that I remain on the court. I also understand that it is my responsibility to arrive on time and to take the court at the designated time, and if we should not arrive on time, additional time will not be provided. **There are no refunds for cancellation.**

**I agree to the above conditions of the rental.**

Signature	Date

**Credit Card Information**

Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	Amount	
Card #			
Exp Date	V-Code	Zip Code	
Name on Card			
Signature		Date	

Typed names shall constitute a signature for forms completed electronically.

EMAIL COMPLETED FORMS TO RESERVATIONS@MDSOCCERPLEX.ORG