CHARLES CROSSING HOMEOWNERS ASSOCIATION

1282 Smallwood Drive #506, Waldorf, Maryland 20602 (240) 419-3193

COMMUNITY CENTER PERMIT APPLICATION

APPLICANT INFORMATION

Deposit Received: _____
Deposit Returned: _____
Center Rental Payment Received: _____

Owner/Member Name: _____
Current Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-Mail Address: _____
Non-Member Name: _____
Non-Member Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-Mail Address: _____

Date: _____EVENT INFORMATION

Permit is for (Please Check One) **CENTER ONLY POOL ONLY CENTER & POOL**

Please describe your event and intended use of the community facility: _____
_____
Estimated Number of Guest: _____
Hours of Event: Start Time _____End Time: _____

Age Range for Event**:** **ADULT** **YOUTH (13-18) CHILDREN (1-12)**

Please give details of the event: _____
_____
_____
_____
_____
_____
If this is a youth or children's event please describe adult supervision plan: _____
_____
_____
_____

PERMITS ARE ISSUED TO MEMBERS IN GOOD STANDING, TWENTY ONE (21) YEARS OF AGE OR OLDER, UPON PRESENTATION OF A VALID PICTURE IDENTIFICATION SHOWING AN ADDRESS IN CHARLES CROSSING SUBDIVISION OR PROOF OF OWNERSHIP OF REAL ESTATE PROPERTY IN CHARLES CROSSING SUBDIVISION. TENANTS/RENTERS MAY NOT USE THE CENTER WITHOUT PERMISSION FROM OWNER/LANLORD.

Sign: _____
Signature of Member Requesting Permit Date

MANAGEMENT USE ONLY

Management Representative Name: _____
Identification Verified: _____
Drivers License #State: _____
Military I. D. _____