

**City of Bowie
Room Use Application**

Name of Organization: _____ Date of Application: _____

Organizations Mailing Address: _____

Name/Title of Contact Person: _____

Organizations Mailing Address: _____

Telephone: (check box for Primary) Home Work Cell _____

E-mail: _____

Date(s) Requested: _____

Time(s) requested: _____ Number of Persons to attend: _____

Special Requests/Comments: _____

Regularly scheduled (staffed) hours: City Hall & Kenhill Center: Mon-Thurs 5:30-9:30 p.m.,

Both buildings will be closed Sundays and City holidays.

Room Requested (Select one); See reverse side of form for room configuration, capacity, and audio/visual options:

Kenhill Center

Bowie City Hall

____ CR# 121* ____ CR# 118

____ CR# 181 (not available Monday nights)

____ CR# 123 ____ CR# 126 ____ 101/MP Room*

____ CR# 201* ____ CR# 243

*No food or beverages are allowed in CR # 201 at City Hall or KC # 101/MP Room at the Kenhill Center

Is your organization a Bowie-based group? Yes _____ No _____

Was your organization founded by Charter, by-laws, or similar document? Yes _____ No _____

Are you requesting permission for food and/or drink? Yes _____ No _____

Meeting Title: _____

Please provide two additional contacts for your organization that are authorized to make/cancel reservations:

Alternate contact #1: Name: _____ email: _____ phone: _____

Alternate contact #2: Name: _____ email: _____ phone: _____

In submitting this application, I hereby confirm that I am familiar with the Room Use Application and Rules & Reservation Procedures. I will comply with all applicable provisions and acknowledge that I (and/or my organization) will be subject to payment of rental, custodial, and damage deposit based upon our user category and the event being scheduled.

The User warrants that all of the information provided to the City concerning User's organization and participants is accurate. Further, the User agrees to indemnify, defend and hold the City harmless from and against any demand, claim, suit or liability arising in any way from the use of the facility by the User or its participants, including but not limited to, reasonable attorney's fees incurred by the City.

Date

Signature of Contact Person

Room Use Request

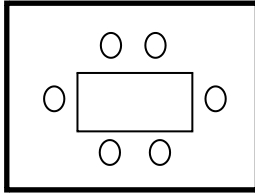
Group Name: _____

Date and Time: _____

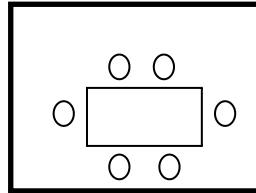
Contact Name: _____

Contact Phone # _____

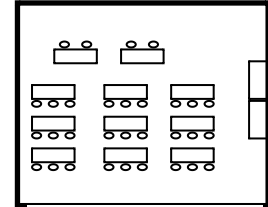
Kenhill Center rooms (2614 Kenhill Drive, Bowie MD 20715)



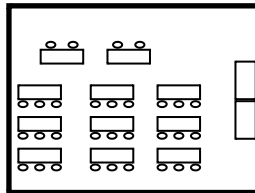
CR# 118
(Capacity 8)



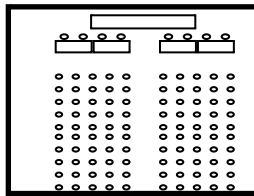
CR# 123
(Capacity 6)



CR# 121
(Capacity 50)



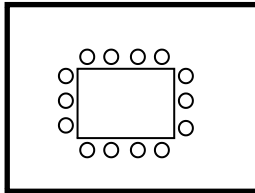
CR# 126
(Capacity 50)



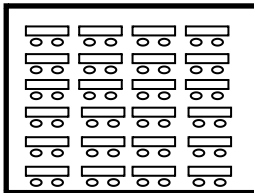
NO FOOD OR BEVERAGES

101/MP Room
(Capacity 100)

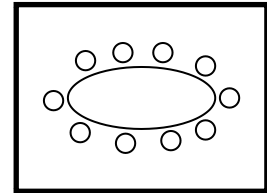
Bowie City Hall rooms (15901 Fred Robinson Way, Bowie, MD 20716)



CR# 181
(Capacity 20)



CR# 243
(Capacity 48)



NO FOOD OR BEVERAGES

CR# 201
(Capacity 12)

There is one portable projector available in each building that may be used in meeting rooms based on availability.

Audio / Visual Key

= Whiteboard

= Large Screen

= Microphone