

Full Name (print) : _____

Current Mailing Address: _____

phone
number: _____

email: _____

Moyaone Association or Pool Member: _____

Facility to Rent: _____ Wagner Bldg. _____ Moyaone Pool _____ Cook/Picnic

Purpose of the event: _____

Date of Event : _____

Hours for Event: _____
(please include time from start up and clean up)

Number of participants (estimate): _____

Number of vehicles (estimate): _____

Security Deposit: _____ check amount and number: _____

Special Event Insurance Policy: (yes/no) _____

P. G. Co. Event Liquor License: (yes/no) _____

Rental cost for event: _____

Signature _____ Date: _____

Please send form and checks (payable) to: Moyaone Association, P.O. Box 113, Accokeek,
MD 20607

Rental pricing is found <https://www.moyaone.org/buildings>