



**ANNE ARUNDEL COUNTY**  
**Application for Use of County Space**

**APPLICATION**

**REQUESTOR INFORMATION: (PLEASE TYPE OR PRINT)**

CONTACT PERSON/GROUP LEADER	DATE OF APPLICATION
NAME OF ORGANIZATION	DAYTIME PHONE
EMAIL ADDRESS	EVENING PHONE
STREET ADDRESS: _____	
CITY: _____ STATE: _____ ZIP: _____	
REQUESTED SPACE/ROOM (Be Specific):	
DATE/TIME REQUESTED:	
EVENT DESCRIPTION:	

**PLEASE MAIL THIS FORM TO: SEVERN SENIOR ACTIVITY CENTER**  
**ATTN: KATY OWINGS**  
**1160A REECE RD.**  
**SEVERN, MD 21144**

**OR EMAIL THIS FORM TO: AGOWIN23@AACOUNTY.ORG**  
**(Email preferred)**