



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:

NUMBER OF PEOPLE ATTENDING THE EVENT:

PLEASE MAIL THIS FORM TO:

**SEVERN SENIOR ACTIVITY CENTER
ATTN: SENIOR CENTER DIRECTOR
1160A REECE ROAD
SEVERN, MD 21114**

OR EMAIL THIS FORM TO:
(Email preferred)

severnseniorcenter@aacounty.org