



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

**APPLICATION**

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

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

**PLEASE MAIL THIS FORM TO:**

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

**OR EMAIL THIS FORM TO:**

(Email preferred)

**AGSCOT23@AACOUNTY.ORG**