



RENTAL REQUEST FORM

Organization: _____

Contact Name: _____

Date of Birth: _____

Gender: F M

Address: _____

City/State/Zipcode _____

Phone: (H) _____ (W) _____

Email Address: _____

Expected Guests: _____

Requested Area (please check all that apply)

Oella Room (Includes the Yates Terrace) - 100 guests

Caplan Room - 40 guests

Gymnasium

Technology Package \$40/per day (Caplan & Oella rooms only)

Kitchen (Provides access to sinks, prep area and ice)

Rental Event Description: _____

Date Requested: _____ Alternate Date: _____

Event Time: _____

(Event time includes your set up and clean up time)

Please email request to stozaki@howardcountymd.gov or fax 410-313-2746.

PLEASE NOTE: This is just a request. A Roger Carter Community Center or Recreation & Parks staff member will contact you within three business days after checking availability.

501C3 form required for Non-Profit Organizations seeking non-profit rates.

Facility Guide: www.howardcountymd.gov/rentals

For Office Use

Date received: _____

Time received: _____

Initials: _____