



RENTAL REQUEST FORM

Organization: _____

Contact Name: _____

Date of Birth: _____ Gender: F M

Address: _____

City/State/Zip code _____

Phone: (H) _____ (W) _____

Email Address: _____

Expected number of guests: _____

| Requested Area (please check all that apply) | Square Feet | Capacity | HC Resident | Non-Resident | Non-Profit |
|--|-------------|----------|-------------|--------------|------------|
| Oella Room (Includes the Yates Terrace) | 1,700 | 100 | \$75 | \$85 | \$65 |
| Caplan Room | 960 | 40 | \$50 | \$60 | \$40 |
| Gymnasium | 3,710 | NA | \$75 | \$85 | \$65 |

Audio Package \$40/Per Day (Caplan & Oella Rooms Only)

Concession Fee (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 this request form to Rodney Payen, RCCC@howardcountymd.gov or fax to 410-313-2746.

Please note that this is just a request form. A Roger Carter Community Center or Recreation and Parks staff member will contact you within 3 business days after checking availability.

501C3 form required for non-profit organizations seeking non-profit fee rates.

Facility Guide: www.howardcountymd.gov/rentals

For Office Use

Date received: _____

Time received: _____

Initials: _____