

Office Use Only
Date Received
Permit #



WEDDING/WEDDING RECEPTION RENTAL APPLICATION						
Event Date:	Rental Hours:	Renta	al Start Time:	Rental End Time:		
(All rentals must include time	for set-up and clean-up.)					
Contract Holder Name: _						
Contract Holder's Date of Birth:			_ Relationship to Wedding Party:			
Address:						
City:	S1	ate:		Zip Code:		
Type of Event:		Day	of Contact:			
Contract Holder's Day Phone:			Contract Holder's Email:			
Does the Contract Holde	r Live in Howard County?	□ Yes □ No				
* The above information is re	equired for registration.					
Bride's/Partner's Name: _		Phone:	Em	ail:		
Address:						
City:	S1	ate:		Zip Code:		
Groom's/Partner's Name:		Phone:	Em	ail:		
Address:						
City:	S1	ate:		Zip Code:		
Type of Event (Please che	eck all that apply.): 🛮 Wed	ding & Reception	□ Wedding □	l Reception		
Estimated Number of Gu	ests:					
•	Historic Waverly Mansion? (
☐ Printed Guide ☐ O	nline Family/Friends	☐ Ad ☐ Othe	r			

Please mail or email this completed Rental Application with a copy of driver's license/government-approved identification to:

Historic Waverly Mansion 2300 Waverly Mansion Drive, Marriottsville, MD 21104 410-313-0200 | WaverlyMD@howardcountymd.gov

*Reservation is not confirmed until a rental contract has been executed, signed, and security deposit payment received.