



Office Use Only

Date Received _____

Permit # _____



SPECIAL EVENT RENTAL APPLICATION

Event Date: _____ Rental Hours: _____ Rental Start Time: _____ Rental End Time: _____

All rentals must include time for set-up and clean-up.

Contract Holder's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Event Coordinator: _____ Contract Holder's Date of Birth: _____

Contract Holder's Day Phone: _____ Contract Holder's Email: _____

Howard County Resident? ☐ Yes ☐ No

Type of Event: _____

Estimated Number of Guests: _____

The above information is required. Your reservation is not confirmed until a rental contract has been executed, signed, and the security deposit received.

How did you hear about Historic Waverly Mansion? (Please check.)

☐ Printed Guide ☐ Online ☐ Family/Friends ☐ Ad ☐ Other _____

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.*