

RESTON COMMUNITY CENTER RENTAL REQUEST FORM

Valid For Rental Dates September 1, 2026 – August 31, 2027

PRIMARY CONTACT AND/OR ORGANIZATION:

Event is Being Sponsored by: ☐ INDIVIDUAL ☐ BUSINESS/ORGANIZATION Today's Date: _____

*Contact person must be the responsible party for the event, is the payer of all rental fees and must be present during the event on the day of the rental.

Contact Name*	First		Last	
Company/Organization (If Applicable)				
Address**				
City			State	Zip
Phone	☐ Home ☐ Work ☐ Cell			
Email Address				

IS YOUR ORGANIZATION A REGISTERED 501(C)(3)?

☐ YES ☐ NO

Please provide Tax ID #: _____

IS YOUR ORGANIZATION AN EDUCATIONAL INSTITUTION?

☐ YES ☐ NO

IS YOUR ORGANIZATION A CHURCH?

☐ YES ☐ NO

**FOR EVENTS SPONSORED BY INDIVIDUALS: Please provide your home address in the space above. If you do not reside in Reston, but work in Reston, please provide your business address below to receive Reston rates (proof of business address is required and must be submitted with request).

Business Address: _____

EVENT DETAILS:

Failure to disclose all event information may result in cancellation of your rental. Incomplete information will delay the processing of your application and may result in loss of your requested dates/times. Please check "Yes" or "No" for each of the following. **If you mark "Yes" for any item, please provide details below or on an attached sheet.**

Is your event open to the public?

☐ YES ☐ NO

Will you be advertising your event?

☐ YES ☐ NO

Will you collect admissions, donations or fees?

☐ YES ☐ NO

Is your event a fundraiser? (If "Yes," please provide details on an attached sheet.)

☐ YES ☐ NO

Fundraising is only permitted at events sponsored by nonprofit organizations.

Will food or beverages be served?

☐ YES ☐ NO

Will alcohol be served? (ABC license required.)

☐ YES ☐ NO

Will your event need access to our Audio System? (No external speakers allowed.)

☐ YES ☐ NO

(Permitted in The Leila Gordon Theatre, Community Room and Jo Ann Rose Gallery only.)

Will your event feature live music and/or performers?

☐ YES ☐ NO

(Restrictions apply, will require pre-event meeting and additional fees for technical support.)

Are you hiring a third-party vendor? (DJ, caterer, entertainer, decorator, etc.)

☐ YES ☐ NO

Are you requesting a fee waiver? (If "Yes," attach letter detailing request.)

☐ YES ☐ NO

Will your event include the use of the Terry L. Smith Aquatics Center?

☐ YES ☐ NO

Additional Information: _____

PLEASE COMPLETE BOTH SIDES AND RETURN TO RCC



Reston Community Center Hunters Woods

2310 Colts Neck Road • Reston, VA 20191

703-476-4500, TTY 711 • 703-476-2488 (FAX) • RCCFacility@fairfaxcounty.gov

Reston Community Center Lake Anne

1609-A Washington Plaza • Reston, VA 20190



Updated October 2026

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FACILITIES REQUESTED

CHECK ALL RENTAL REQUESTS	Meeting Room Type	Max. Capacity <i>Tables and Chairs</i>	Reston Hourly Rental Rate*	Non-Reston Hourly Rental Rate*	Security Deposit
RCC HUNTERS WOODS					
☐	Small Meeting Room	20	\$14.00	\$42.00	\$25
☐	Medium Meeting Room	40	\$22.00	\$66.00	\$50
☐	Intermediate Meeting Room	64	\$30.00	\$90.00	\$75
☐	Large Meeting Room	88	\$38.00	\$114.00	\$100
☐	Community Room	216	\$70.00	\$210.00	\$250
☐	Kitchen	12	\$16.00	\$48.00	NA
☐	The Leila Gordon Theatre and Dressing Room		\$90.00	\$270.00	\$250
TERRY L. SMITH AQUATICS CENTER					
☐	Single Lap Lane		\$17.00	\$51.00	
☐	Entire Pool – Lap Pool (additional staffing charges apply to groups of 25 or more)		\$105.00	\$315.00	
☐	Entire Pool – Warm Water Pool		\$75.00	\$225.00	
☐	Entire Natatorium – Both Pools		\$180.00	\$540.00	
RCC LAKE ANNE					
☐	Jo Ann Rose Gallery (Includes Kitchen)	100	\$50.00	\$150.00	\$100
Additional Equipment Requested (Additional rental fees apply and are outlined in Rental Policies and Procedures document) ☐ Piano ☐ LCD Projector ☐ Portable Stage (Community Room Only)					
<i>*Excludes damage security deposit</i>					

EVENT INFORMATION:

☐ BABY SHOWER ☐ BIRTHDAY PARTY ☐ FAMILY/SOCIAL GATHERING ☐ BUSINESS/ORGANIZATION MEETING
☐ WEDDING RECEPTION ☐ RECITAL ☐ OTHER: _____

Event Name: _____

Requested Date: _____ Start Time: _____ End Time: _____ (INCLUDE SETUP & CLEANUP TIME)

Alternate Date/Time: (IF ANY) _____

Anticipated Attendance: _____ (PLEASE INCLUDE CHILDREN. ACTUAL ATTENDANCE MAY NOT EXCEED ROOM CAPACITIES.)

For multiple dates (on-going rentals), please attach a separate sheet listing all dates and times.

STATEMENT OF CERTIFICATION:

I certify that I have reviewed RCC's Rental Policies and Procedures and that the information provided on this form is true and accurate to the best of my knowledge. I understand that providing false or misleading information is grounds for RCC to cancel or terminate my event reservation.

Signature: _____ Date: _____

Fairfax County's programs, services and facilities are available to all citizens regardless of race, color, national origin, sex, age or disability. Requests for special accommodations must be received at least seven working days in advance. For additional information regarding reasonable accommodations and support provided to facilitate participation for individuals with disabilities, call 703-476-4500 or TTY 711.

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