

# JANUARY – DECEMBER 2017

## FACILITY RESERVATION REQUEST

**Senior, Youth and Leisure Services**  
 204 Hillside Avenue  
 Livingston, NJ 07039-3646  
 PH: 973-535-7925 FAX: 973-535-2949 Attn: Nell  
[www.livingstonnj.org](http://www.livingstonnj.org)

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Organization: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City & Zip Code: \_\_\_\_\_

Today's Date: \_\_\_\_\_  
 Phone (Home): \_\_\_\_\_  
 Phone (Cell): \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**PLEASE CIRCLE CHOICE**

Facility:	Senior/Community Center	Monmouth Court Gym   Café	Northland Room 1   Room 2	Gazebo
Day:	Date(s): (mm/dd/yy)	Time: (00:00 am or pm)		# Expected:
_____	_____	From: _____	To: _____	_____
_____	_____	From: _____	To: _____	_____
_____	_____	From: _____	To: _____	_____
_____	_____	From: _____	To: _____	_____
_____	_____	From: _____	To: _____	_____
_____	_____	From: _____	To: _____	_____

*For additional space, use back of sheet*

**PLEASE provide a detailed description of the proposed use and program name for lobby board:**

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**ROOM SET-UP (Please check one) :**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Auditorium</b> (chairs only w/head table)<br><input type="checkbox"/> <b>U-shaped</b> (tables & chairs in open U)<br><input type="checkbox"/> <b>Classroom</b> (tables w/chairs one side only) | <input type="checkbox"/> <b>Conference</b> (tables & chairs in square)<br><input type="checkbox"/> <b>Banquet</b> (tables w/chairs both sides)<br><input type="checkbox"/> <b>Special Set-up</b> (please provide detailed diagram) |
|--|--|

**AMENITIES (Available at S/CC Only) :**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Screen</b><br><input type="checkbox"/> <b>Sound System</b><br>(Includes hand-held microphone & CD player) | <input type="checkbox"/> <b>Podium w/microphone</b><br><input type="checkbox"/> <b>Kitchen Access</b><br><input type="checkbox"/> <b>Projector</b> |
|---|--|
- Amenities based on availability, no guarantees are made for podium, sound system, projector or screen.*

**YOU MUST BRING YOUR APPROVAL COPY WITH YOU TO YOUR MEETINGS.  
 THIS FORM SERVES AS YOUR PROOF AND MUST BE PRESENTED IF REQUESTED.**

**For Office Use Only:**

Date Received: \_\_\_\_\_ Date Returned: \_\_\_\_\_ Emailed \_\_\_\_\_ Faxed \_\_\_\_\_ Interoffice \_\_\_\_\_ Mailed \_\_\_\_\_  
 Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Fee \_\_\_\_\_ Date Paid \_\_\_\_\_ Check # \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_

