

FACILITY RESERVATION REQUEST

Senior, Youth and Leisure Services

204 Hillside Avenue
Livingston, NJ 07039-3646
PH: 973-535-7925 FAX: 973-535-2949
www.livingstonnj.org

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

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

PLEASE CIRCLE CHOICE

Table with columns: Facility (Senior/Community Center, Monmouth Court, Northland, Gazebo), Day, Date(s), Time, # Expected. Includes sub-columns for Gym, Café, Room 1, Room 2.

For additional space, use back of sheet

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

ROOM SET-UP (Please check one):

- Auditorium (chairs only w/head table)
U-shaped (tables & chairs in open U)
Classroom (tables w/chairs one side only)
Conference (tables & chairs in square)
Banquet (tables w/chairs both sides)
Special Set-up (please provide detailed diagram)

AMENITIES (Available at S/CC Only):

- Screen
Sound System (Includes hand-held microphone & CD player)
Podium w/microphone
Kitchen Access
Projector
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:

