

Senior, Youth and Leisure Services  
 204 Hillside Avenue  
 Livingston, NJ 07039-3646  
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**FACILITY RESERVATION REQUEST**

Organization: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
 City & Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**PLEASE CIRCLE FACILITY CHOICE**

Facility:	Senior/Comm. Ctr (LSCC)	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 dates, 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):**

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

**AMENITIES (Available at LSCC Only):**

- |   |  |
|---|--|
| <input type="checkbox"/> Screen             | <input type="checkbox"/> Podium w/microphone |
| <input type="checkbox"/> Sound System       | <input type="checkbox"/> Kitchen Access      |
| (Includes hand-held microphone & CD player) | <input type="checkbox"/> Projector           |

*Amenities based on availability, no guarantees are made for podium, sound system, projector or screen.*

**PLEASE 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 In person  
 Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Fee \_\_\_\_\_ Date Paid \_\_\_\_\_ Check # \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_

