January 2010 – December 2010

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

Today's Date: _____

Organization _____ **Phone: Home:** _____

Contact Name: _____ **Phone: Work:** _____

Street Address: _____ **Fax:** _____

City & Zip Code: _____ **Email:** _____

Facility: (Please check) ☐ Senior/Community Center ☐ Monmouth Court ☐ Northland ☐ Gazebo/Other

(Please check) ☐ Gym ☐ Café ☐ Rooms 1& 2 ☐ Room 3

Day:	**Date(s):** (mm/dd/yy)	**Time:** (00:00 am or pm)		**# Expected:**
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For additional space, use back of sheet.

Please provide a detailed description of the proposed use and program name for directional signboard:

_____

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 LSCC Only):

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

Amenities based on availability, no guarantees are made for podium, sound system or screen.
PLEASE NOTE: The facility has no power point, LCD, or TV/VCR/DVD equipment available.

For Office Use Only:

Date Received: _____ **Date Returned:** _____ Mailed Faxed Interoffice

Approved: _____ **Not Approved:** _____

Date	**Fee**	**Paid**
_____	_____	_____

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Page 2

Page 1 must be completed to be considered for approval.

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