

FACILITY RESERVATION REQUEST

Livingston Recreation Department

204 Hillside Avenue
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www.livingstonnj.org

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

Today's Date:
Phone: Home:
Phone: Work:
Fax:
Email:

Facility: (Please circle) Senior/Community Center (Please circle) Monmouth Court Gym Café Northland Rooms 1&2 Room 3 Gazebo/Other

Table with 4 columns: Day, Date(s), Time (From/To), # Expected. Multiple rows for reservation details.

For additional space, use back of sheet.

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

AMENITIES AVAILABLE AT SENIOR/COMMUNITY CENTER ONLY:

Kitchen Access: Yes No Podium w/microphone: Yes No
Screen: Yes No Sound System w/microphone & CD player: Yes No
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.

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

For Office Use Only:

Date Received: Date Returned: Mailed Faxed
Approved: Not Approved: (See enclosed information) Additional Hours Approved:
Date(s) Reserved Fee Paid

