

Senior, Youth and Leisure Services
 204 Hillside Avenue, Livingston, NJ 07039
 Contact **JOE GILL** at 973-535-7925 Ext. 267
igill@livingstonnj.org or FAX: 973-535-2949

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):

- 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 and/or description)

AMENITIES (Available at LSCC 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.

**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: _____

