

Suzanne Patterson Building: ROOM RESERVATION REQUEST

Date of Request: _____ Requested date(s) of use: _____
Day of Week: _____ Start Time: _____ End Time: _____
Group Name: _____
Contact Name: _____ Telephone: _____
Fax Number: _____ E-Mail: _____
Mailing Address: _____

Room Request:

_____ Large Activity (\$100 weeknight/ \$125 Sat. or Sun.)
_____ Conference Room 1 & 2 (\$85)
_____ Classroom 3 (\$35)
_____ Classroom 5 (\$35)
_____ Other (fee: _____)

Equipment:

_____ chairs(130 folding)
_____ 8' tables(12 available)
_____ 6' tables (6)
_____ 5' tables (8)
_____ Podium (1)

Total
Cost: _____

(Rates are for up to 4 hours per room. Additional hours are \$35 per hour per room.)

Special needs / arrangements: _____

I have received a copy of the Rental Rules and Conditions of Use and agree to abide by them.

Responsible party _____ Date _____
PSRC staff _____

Return form with payment to:
Princeton Senior Resource Center, 45 Stockton Street, Princeton, NJ 08540 or
Fax: (609) 497-1977
E-mail: bnewton@princetonsenior.org
Phone: (609) 924-7108 (for VISA or Master Card)

For office use only:

Building to be opened by: _____ PSRC Staff _____ Pick up key at police dispatcher
Fee received: \$ _____ CK# _____ Certificate of liability insurance
Damage deposit: \$ _____ Floorplan received
Contract signed: _____ Entered dates in calendars

