

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: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing address: \_\_\_\_\_

Room Request:

- \_\_\_ Large Activity (\$125 weeknight / \$150 Saturday or Sunday) *\$35 per additional hour*
- \_\_\_ Conference Room 1 & 2 (\$100) *\$25 per additional hour*
- \_\_\_ Classroom 3 (\$45) *\$15 per additional hour*
- \_\_\_ Classroom 5 (\$45) *\$15 per additional hour*
- \_\_\_ Kitchen (\$45)

Total Cost: \_\_\_\_\_

**(Base rates included up to 4 hours per room. Please note that your rental time must include set up and breakdown time in your reservation.)**

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: \_\_\_\_\_

**Note:** If responsible party is not on site during the rental please provide contact info 2 weeks in advance

PSRC Staff: \_\_\_\_\_ Date: \_\_\_\_\_

**Return signed form with payment to:**

Princeton Senior Resource Center, 45 Stockton St, Princeton, NJ 08540

Email: Breana Newton, [bnewton@princetonsenior.org](mailto:bnewton@princetonsenior.org)

Phone: 609-924-7108 (for Visa or Mastercard)