



# Room Booking

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organization: \_\_\_\_\_

Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_

Charge fees to: (circle)

Hours  Invoice  N/A

If hours, Indicate Account:

**ROOMS REQUESTED** (Circle as many as required)

Gymnasium  Community Room  Adult Education  Kitchen  Bingo Room  Foyer

Reason \_\_\_\_\_

\_\_\_\_\_

(If kitchen, will you be using the stove? Yes  No )

**EQUIPMENT Requested:** Circle No  Yes  (See Reverse) \_\_\_\_\_

One Time Use Date: \_\_\_\_\_

Continue Use Start Date \_\_\_\_\_ M  T  W  T  F  S  S

Times Requested: Room: \_\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_ (# hours \_\_\_\_\_)

Room: \_\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_ (# hours \_\_\_\_\_)

Room: \_\_\_\_\_ Hours \_\_\_\_\_ to \_\_\_\_\_ (# hours \_\_\_\_\_)

Key needed Yes  No

Code needed Yes  No

Janitor needed Yes  No

**By signing this application I am saying that as the responsible person, I acknowledge acceptance of the conditions outlined in this agreement including those listed on the reverse side of this form.**

\_\_\_\_\_  
Responsible Person-Print name

\_\_\_\_\_  
Alternate Responsible-Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

If Janitor required – who? \_\_\_\_\_ Date Contacted \_\_\_\_\_

Total Hours of use \_\_\_\_\_ \$/hr \_\_\_\_\_ Deducted: Yes  No

Room fees owing \$ \_\_\_\_\_ Other owing \$ \_\_\_\_\_ Total owing \$ \_\_\_\_\_

Invoice # \_\_\_\_\_ Invoice Date \_\_\_\_\_ Date Pd. \_\_\_\_\_

**Equipment Requested: (Circle required items)**

Large Coffee Urn

Coffee Trolley

TV/VCR

Computer with DVD and large screen monitor

Digital Projector

Overhead Projector

Dry Erase Board

Tables/chairs approx.  \_\_\_\_\_

**NOTES:**

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