

**CITY OF BERKLEY PARKS AND RECREATION DEPARTMENT
COMMUNITY CENTER – ROOM RESERVATION**

ORGANIZATION AND/OR EVENT _____

APPROXIMATE NUMBER EXPECTED _____

NAME _____ ADDRESS _____

CITY _____ ZIP CODE _____ PHONE _____

EMAIL _____

ALTERNATE: NAME _____ PHONE _____

DATES & TIMES REQUESTED – 2011

NOTE: SET-UP AND TAKE DOWN TIME MUST BE INCLUDED AS PART OF YOUR RENTAL TIME.

TIME: _____

DATES

JANUARY _____ JULY _____

FEBRUARY _____ AUGUST _____

MARCH _____ SEPTEMBER _____

APRIL _____ OCTOBER _____

MAY _____ NOVEMBER _____

JUNE _____ DECEMBER _____

PLEASE CHECK ROOM DESIRED:

___ SMALL MEETING ROOM (APPROX. 15) ___ SR. ANNEX (Carpeted) (APPROX. 50)

___ LARGE MEETING ROOM (APPROX. 30) ___ SR. ADDITION (APPROX. 30)

___ MULTI-PURPOSE ROOM (APPROX. 240)

EQUIPMENT & FACILITIES REQUESTED - ___ KITCHEN ___ MICROPHONE

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

APPROVED _____ REJECTED _____ DATE _____

First 3 Hours: \$ _____

Additional Hours: _____

Cleaning Fee _____

Subtotal _____

Deduct \$20.00 Deposit _____

THIS DEPOSIT IS NON-REFUNDABLE

Total Balance Due \$ _____

The balance is due two weeks prior to the scheduled event. Also due at that time, is a \$200 Security Deposit made out to the "City of Berkley" in the form of a separate check.

Balance Due: _____

Renter's Signature

Date