

**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 – 2009

TIME: _____

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

DATES

JANUARY	_____	JULY	_____
FEBRUARY	_____	AUGUST	_____
MARCH	_____	SEPTEMBER	_____
APRIL	_____	OCTOBER	_____
MAY	_____	NOVEMBER	_____
JUNE	_____	DECEMBER	_____

PLEASE CHECK ROOM DESIRED:

<input type="checkbox"/> SMALL MEETING ROOM (APPROX. 15)	<input type="checkbox"/> SR. ANNEX (Carpeted) (APPROX. 50)
<input type="checkbox"/> LARGE MEETING ROOM (APPROX. 30)	<input type="checkbox"/> SR. ADDITION (APPROX. 30)
<input type="checkbox"/> 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