



We do what we do... FOR YOU!

ROMEO-WASHINGTON-BRUCE PARKS & RECREATION  
361 MORTON, ROMEO MI 48065 (586) 752-6543 / (586) 752-1118 (FAX)

# ROOM RESERVATION APPLICATION

PLEASE CIRCLE A LOCATION: **COMMUNITY/SENIOR CENTER / WASHINGTON SENIOR CENTER**

NAME OF ORG /PERSON: \_\_\_\_\_

ROOM REQUESTED: \_\_\_\_\_

DAYS(S) REQUESTED: SUN MON TUES WED THURS FRI SAT \_\_\_\_\_

BETWEEN WHAT HOURS: TIME ENTERING: \_\_\_\_\_ TIME EXITING: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

TYPE OF ACTIVITY: \_\_\_\_\_ GUEST TIME: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADMISSION CHARGE:\$ \_\_\_\_\_ PURPOSE OF PROCEEDS: \_\_\_\_\_

SIZE OF GROUP: \_\_\_\_\_

EQUIPMENT REQUEST: HOW MANY CHAIRS:{ \_\_\_\_\_ } HOW MANY TABLES: { \_\_\_\_\_ } OTHER: { \_\_\_\_\_ }

HOW WOULD LIKE THE ROOM SET UP:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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PAYMENT: AMOUNT DUE: \$ \_\_\_\_\_ HRS. X \$ \_\_\_\_\_ /HRS = \$ \_\_\_\_\_

EST FOR TABLE COVERS # \_\_\_\_\_ X \$1.50 = \$ \_\_\_\_\_ TOTAL\$ \_\_\_\_\_

DEPOSIT PAID: \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_ DATE: \_\_\_\_\_

**BALANCE DUE PRIOR TO EVENT DATE:** \$ \_\_\_\_\_

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APPLICANTS ARE RESPONSIBLE TO READ & UNDERSTAND THE FACILITY'S RENTAL INFORMATION POLICY

Please send Application back to [walkerl@rwbpr.com](mailto:walkerl@rwbpr.com)

FACILITY MAPS ON BACK OF APPLICATION

OFFICE USE: ENTERED DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

FACILITATOR: \_\_\_\_\_