



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 (only for weekend events):

SIGNATURE: _____ DATE: _____

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

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

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

BALANCE DUE PRIOR TO EVENT DATE: \$ _____

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

Please send Application back to walkerl@rbwpr.org

OFFICE USE: ENTERED DATE: _____

COMMENTS: _____

FACILITATOR: _____