Suzanne Patters	on Building: ROOM RESERVATION REQUEST
Date of Request: Request	ted date(s) of use:
Day of week: Start time:	End time:
Group Name:	
Contact Name:	Telephone:
Fax Number:	Email:
Mailing address:	
Room Request:	
Large Activity (\$125 weel	knight / \$150 Saturday or Sunday) <i>\$35 per additional hour</i>
Conference Room 1 & 2 (\$100) <i>\$25 per additional hour</i>
Classroom 3 (\$45) <i>\$15 pe</i>	r additional hour
Classroom 5 (\$45) <i>\$15 per</i>	additional hour
Kitchen (\$45)	
Total Cost:	
(Base rates included up to 4) set up and breakdown time i Special Needs/Arrangements:	hours per room. Please note that your rental time must include n your reservation.)
I have received a copy of the	rental rules and conditions of use and agree to abide by them.
Responsible Party:	Date:
Note: If responsible pa weeks in advance	rty is not on site during the rental please provide contact info 2
PSRC Staff:	Date:
Return signed form with pay	ment to:
Princeton Senior Resource Cer	nter, 101 Poor Farm Road, Building B, Princeton, NJ 08540
Email: Beth Weiskopf, bweisk	opf@princetonsenior.org
Phone: (609) 751-9699, ext. 1	14 (for Visa or Mastercard)