

MARY SIAH RECREATION CENTER ROOM RESERVATION FORM

RESERVATION DATE _____

Name of Group _____

Room: _____ Date: _____ Time: _____

Receipt # _____

Name of Contact Person: _____

Mailing Address _____

Phone Number: _____

To User Group:

1. Room Use Fees are Due at Time of Reservation and are per day
\$25.00 up to 4 hours/\$45.00 over 4 hours
\$12.50 up to 4 hours/\$22.50 over 4 hours Adult non-profit groups
\$6.00 up to 4 hours/\$11.00 over 4 hours Youth non-profit groups
2. You are required to give your attendance number to the front desk at the end of each meeting
3. Please provide 24 hour notice if canceling your reservation.
4. Groups may not charge a fee to members or offer items for sale.
4. You are responsible for any clean-up necessary after meeting time.

Signature of Contact Person _____

I have read and understand the conditions of this reservation

Reoccurring Reservations:

Dates: _____ Day of Week: _____ Time: _____

Dates: _____ Day of Week: _____ Time: _____

Dates: _____ Day of Week: _____ Time: _____

Dates: _____ Day of Week: _____ Time: _____