

**THE FAMILY CENTER**   
**ROOM REQUEST**  
 315 West 36<sup>th</sup> Street, 4<sup>th</sup> Floor, New York, NY 10018

Authorized Representative Name:		Organization:	
Street Address:		Apt:	Email:
City:	State:	Zip:	Phone:
Contact Person:	Phone:	Email:	

### Space Requested

Date(s)	Purpose	Start Time (including set up time)	End Time (including clean up time)	Total Time	Room Type: Conference room (\$75 hr), Board room (\$150 hr), Multi-purpose room (\$100 hr), Combined multi-purpose room (\$175 hr), Video conferencing (\$225 hr)	Anticipated Attendance	Equipment Request

**Food/Beverage**

Will you be serving food?

- No
- Yes

list dates:

\_\_\_\_\_

Will you have deliveries or catering?

- No
- Yes

List dates:

restaurant/caterer: \_\_\_\_\_

date/time of pick

up: \_\_\_\_\_

**Payment Schedule:**

- Lump Sum
- Monthly
- Other – please specify (all other methods must be approved):

Make all checks payable to The Family Center.

**Signatures**

By signing below, Client’s representative acknowledges that he/she has authority to enter into agreements on behalf of Client, and that he/she has received, read and fully understands the Terms and Conditions of the Rental Agreement and any documents included by reference.

Client Representative: (Print Name)	The Family Center Representative: (Print Name)
Signature:	Signature:
Date:	Date:

**Please return contract to:**

**Attn: Juliana Hawawini, The Family Center, 315 West 36<sup>th</sup> Street, 4<sup>th</sup> Floor, New York NY 10018**