

Port St. Lucie Community Center
City Users - Room Reservation Contract
878-2277

Today's Date: _____

Employee Name: _____ Department: _____

Contact Phone Number: _____ Contact Fax Number: _____

Room(s) Requested: A B C D E F CEOC TOT Other _____

Kitchen Requested: Yes No

Date(s) Requested: _____

Start Time: _____ End Time: _____

Type of Function: _____

Estimated Attendance: _____

If Set Up is requested, please circle or check one of the following:

_____ Theater, _____ Banquet, _____ Classroom, _____ Boardroom, _____ Conference.

Other Type of Set Up (please specify) _____

Equipment Needed: _____

Additional Comments: _____

1) I received and understand the "Community Center City Use Guidelines";

Please Initial _____

2) I understand that I must contact Sara Page at the Community Center prior to completing this form, to determine space availability of the Center. Completed forms must be faxed to 871-5290 or sent inter-office mail to the attention of Jay Liss. The form will then be sent inter-office or emailed with contract and approval from the Recreation Administrator. Please contact Sara Page for any additional requests or information about set up.

Requesting Staff Signature

Department Head Signature

Recreation Administrator Approval _____

When possible, please inform any city staff that are involved in your event and that drive a city vehicle, to use the backside of the building or the overflow parking lot on Deacon Avenue.