

BOOKING REQUEST FORM – External Clients

Shirley Allen Askar Michael Other: _____

1. Date of the request: _____
2. Number of people: _____
3. Type of Activity: _____
4. Select a room and rate according to day of the week:

| ROOM | MAX. OCC. | Weekday | <input checked="" type="checkbox"/> | Weekend | <input checked="" type="checkbox"/> |
|----------------------|--------------|----------|-------------------------------------|----------|-------------------------------------|
| East Hall | 50 | \$ 34.00 | <input type="checkbox"/> | \$ 42.00 | <input type="checkbox"/> |
| West Hall | 50 | \$ 34.00 | <input type="checkbox"/> | \$ 42.00 | <input type="checkbox"/> |
| East & West Hall | 100 | \$ 60.00 | <input type="checkbox"/> | \$ 78.00 | <input type="checkbox"/> |
| Room 3 | 25 | \$ 23.00 | <input type="checkbox"/> | \$ 32.00 | <input type="checkbox"/> |
| Room 4 | 15 | \$ 23.00 | <input type="checkbox"/> | \$ 32.00 | <input type="checkbox"/> |
| Room 5 | 12 | \$ 20.00 | <input type="checkbox"/> | \$ 24.00 | <input type="checkbox"/> |
| Kitchen | | \$ 30.00 | <input type="checkbox"/> | \$ 30.00 | <input type="checkbox"/> |
| Family Resource Room | 24 | \$ 23.00 | <input type="checkbox"/> | \$ 24.00 | <input type="checkbox"/> |
| Room 7 | 6 | \$ 12.00 | <input type="checkbox"/> | \$ 18.00 | <input type="checkbox"/> |
| Preschool | 25 | \$ 30.00 | <input type="checkbox"/> | \$ 38.00 | <input type="checkbox"/> |

5. Check date availability in MPNH Calendar. (Staff Use Only)

- a. If not available, offer alternative space or date.
- b. Tentatively book in MPNH Outlook Calendar.

6. Dates of Program or Activity

| Dates | Room(s) | Arrival Time | Departure Time |
|-------|---------|--------------|----------------|
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7. Fill out the table below for contract:

| | |
|--|--|
| Legal name of organization or individual | |
| Name of Representative | |
| Billing Address and Postal Code: | |
| Phone: | |
| FAX: | |
| E-mail: | |

Emails: rentals@mpnh.org, abaudun@mpnh.org