

Anamax Park Recreation Center Room Reservation Special Use / Room Permit



Organization Information

Town Department/Organization: _____

Name: _____ Title: _____

Phone No.: _____ Fax: _____

Meeting Information

Room Requested:(circle one) Classroom Multipurpose Room

Start Time _____

(Setup Time) _____

Departure Time: _____

Meeting/Function occurrence: (circle one) Monthly Weekly Other _____

Type of meeting/function: _____

Day/Date: _____

Fees (If Applicable): _____

Room Style: _____ # of people: _____

Equipment Needed (chairs, tables,easels, etc.): _____

Permittee's Signature

/ /

Date

P & R Staff Signature

/ /

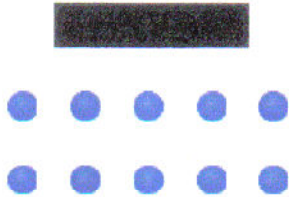
Date

Additional Information:

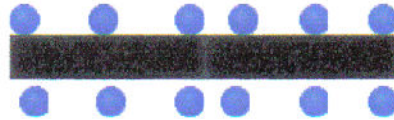
*(permit approved with P & R Staff signature)

Room Styles

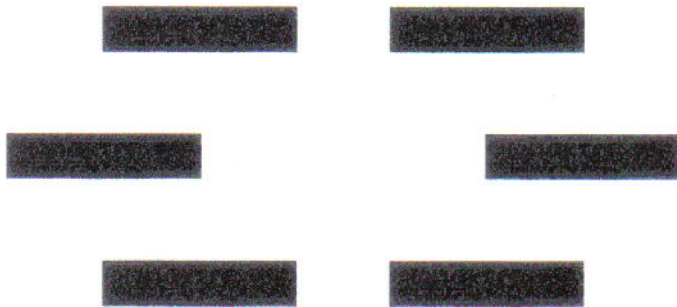
1. Head Table-Theatre Style



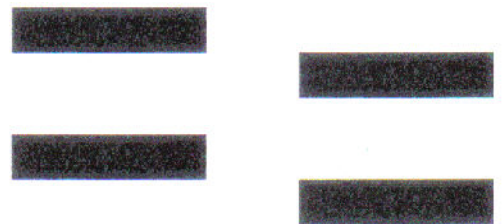
2. Board Room



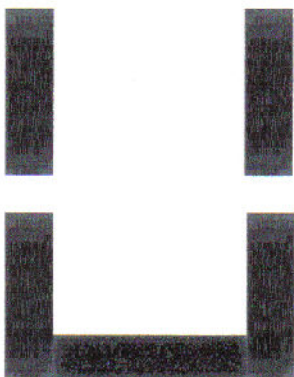
3. Box/Circle Style



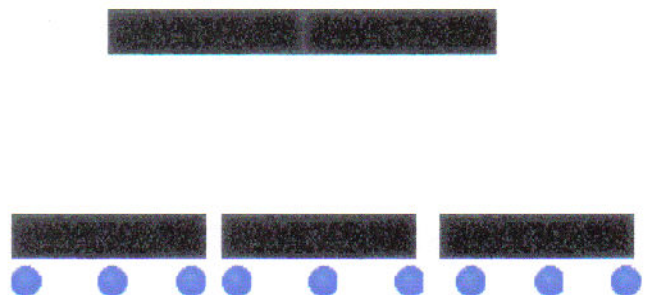
4. Café Style



5. U-Shape



6. Classroom Style



● = chairs

■ = tables