

HTCSCI Facility Reservation Form

Please fill the form and send as email to HTCSCI-Hall-Reservation@googlegroups.com

Your Full Name: _____

Address: _____

Phone Number: _____

Non-Profit: Yes / No If yes, provide id: _____

Day, Date, Time of reservation: _____

Full Day 8am to 11pm; **Morning Half day** 8am to 3pm; **Evening half day** 4pm to 11pm; **Anytime** 2 hours minimum;

Purpose for usage: _____

Food to be Served: Yes / No (If yes, it needs to be ONLY VEGETARIAN)

Facility user has the responsibility of leaving the room as it was originally found

Read & Understand Temple Facility Policies & Procedures: Yes / No

Facility Reserver's Name (printed)

Address

Phone Number

Signature

Date