



PRE-REGISTRATION FORM FOR FACILITIES AND RESPITE



M.H.H.S.
CHARITABLE
FOUNDATION

_____ Internal User _____ External User

Name of Renter/Group/ Organization/ immigrant	
E-mail	
Phone	
Address	
Date of Birth (M/D/Y)	
Nationality:	
Mode of Reservation:	<input type="checkbox"/> By Phone <input type="checkbox"/> By Email <input type="checkbox"/> In Person
Date (MM/DD/YY) of Arrival	
Time of Arrival	
Number of days of stay	
Name of Reference	
First time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when was the last time?	
By yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of accompanying persons.	
Any medical conditions you want to let us know?	If yes, please specify:

Daily Room Charges:

ROOM TYPE	CAPACITY	ROOM RATE	RESERVED ROOM
FACILITY			
Multi-purpose hall	35-40 (565 sq. ft.)	\$36/hr (1 st 2 hrs) Additional \$20/hr	
With Kitchen use		_\$10/hr	
Board Room	12 (360 sq.ft)	\$18/hr (1 st 2hrs) Additional \$10/hr	
With kitchen use		\$10/hr	
Training Room (Room 203)	20-25 (425 sq.ft)	\$36/hr (1 st 2hrs) additional \$20/hr	
Garage	60	\$18/hr (1 st 2hrs) additional \$10/hr	
TEMPORARY HOUSING FACILITY (RESPITE)			
LIC/TFW Weekender		\$120.00/mo. per person	
LIC/TFW Overnight stay		\$15.00/day per person	
Room # 301	2 beds	\$44.00 per room	
Room # 302	4 beds (long term)	\$55.00 per room	
Room #303	2 beds (long term)	\$44.00 per room	
Room # 204	4 beds (long term)	\$55.00 per room	

Date: _____

Signature: _____

Printed Name: _____

Title: _____

Accepted by: _____

Date: _____

Printed Name and Signature