



Facilities Request Form 2018-2019 (Please Print Clearly)

Date of Event ____ / ____ / ____ Today's Date ____ / ____ / ____

Circle the day of the Week – M / Tu/ W/ Thu/ F/ Sat/ Sun

Additional Dates _____

Title Of Event _____

Name of Affiliate / Department / Committee / Group _____

Chairperson _____ Home Phone # _____

E-mail Address _____ Cell Phone # _____

Set-Up Time ____:____ am/pm Event Starts ____:____ am/pm Ends ____:____ am/pm

Room(s) Requested _____ or No Preference of Room.

(You will be advised if the room is not available)

Room Set-Up / Configuration of Furniture

of Tables _____ Types of Table: Circle / Square / Rectangle

of Chairs per Table _____

of Tables _____ Types of Table: Circle / Square / Rectangle

of Chairs per Table _____

Show arrangement of tables / chairs / equipment on the back of this form.

Please Circle Equipment Request

Microphone: No Yes # _____ Podium with Microphone(s): Yes # _____ No

Projector: No Yes (Please provide your own laptop.)

DVD Player: No Yes (Can be hooked up to the projector.)

T.V. No Yes (Can be hooked up to a laptop or DVD Player)

Please Check Kitchen Request

No food or beverages are required. Using a kosher caterer.

Drinks requested: coffee / tea / water / lemonade / other _____

Other: paper plates / cups / napkins / cutlery / serving utensils / chafing dishes.

Need to meet with Kitchen Committee regarding ordering of food items.

For office use only:

Set Up Time: _____

Staff Needed: _____

Ritual

Check items required:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Bar-B-Que and Gas | <input type="checkbox"/> Grape Juice | <input type="checkbox"/> Prayer Books |
| <input type="checkbox"/> Benchers | <input type="checkbox"/> Hand Laving Station | <input type="checkbox"/> Shofar |
| <input type="checkbox"/> Candles | <input type="checkbox"/> Havdallah Set | <input type="checkbox"/> Tallit |
| <input type="checkbox"/> Challah | <input type="checkbox"/> Kiddush Cup | <input type="checkbox"/> Teffilin |
| <input type="checkbox"/> Challot Cover | <input type="checkbox"/> Kippot | <input type="checkbox"/> Wine |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Matches | <input type="checkbox"/> Other _____ |
-

Room Diagram

Draw a diagram of the room set-up below, if needed.

For office use only:

Set Up Time: _____

Staff Needed: _____