



Facilities Request Form 2016-17

(Please Print Clearly)

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

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 _____

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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:

Bar-B-Que and Gas

Grape Juice

Prayer Books

Benchers

Hand Laving Station

Shofar

Candles

Havdallah Set

Tallit

Challah

Kiddush Cup

Tefillin

Challot Cover

Kippot

Wine

Flyer

Matches

Other _____

Room Diagram

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

For office use only:

Set Up Time: _____

Staff Needed: _____