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| **Your Event Reservation Starts Here!**  ***To request your event, please complete all of the following information and turn this form in to the office. Your event will be confirmed in 5 business days.*** | |
|  | |
| **Contact Information** | |
| Requestor’s name |  |
| Requestor’s e-mail |  |
| Requestor’s phone number |  |
| **Event Information** | |
| Description of the event |  |
| Event date |  |
| Event times |  |
| Will there be food at your event? | (Yes or No)  If Yes: Meat, Dairy, or Parve?  If Yes: Is this a Potluck? |
| What room(s) will you need for your event? |  |
| Number of people you estimate will be attending |  |
| Organization or committee responsible for this event |  |
| **Date submitting this request** |  |

***Please note that the use of our building is contingent upon meeting all financial obligations according to the policies of the Board of Trustees.***

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| **The following information is not required for you to include in your initial request; it can be provided after your event has been confirmed.** | |
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| **Event Contact Information**  **(if different than the requestor noted above)** | |
| Name |  |
| Email address |  |
| Phone number |  |
| **Organization Information** | |
| Organization email |  |
| Organization address |  |
| **Dates and Time** | |
| Set-up date(s) and time(s) |  |
| Day of event |  |
| Clean-up date(s) and time(s) |  |
| Notes: |  |
| **Room Set-Up** | |
| Room (check all that apply)   * Main Sanctuary * Robinson Chapel * Rosen Social Hall * Library * Sid’s Cafe * Babysitting room * Classroom * Other: |  |
| Number of tables/chairs and serving areas (include layout drawing) |  |
| Table settings |  |
| Room dividers |  |
| Stage |  |
| Linens |  |
| Challah cart |  |
| Hand washing station(s) |  |
| Coffee station |  |
| Candle lighting table |  |
| Other |  |
| **Kitchen Usage** | |
| **Preparation before day of event:**  Date, time, kitchen supervisor, staff/volunteers |  |
| **Day of event:**  Date, time, kitchen supervisor, staff/volunteers |  |
| **Clean-up:**  Date, time, kitchen supervisor, staff/volunteers |  |
| Trash removal |  |
| Menu: Dairy or Meat |  |
| Complete menu |  |
| Other: |  |
| **Purchasing Food and other Items** | |
| Items to be purchased |  |
| Person responsible for purchases |  |
| Items to be inspected |  |
| Person responsible for inspection |  |
| Notes: |  |
|  |  |
| **Ritual Items** | |
| Shabbat |  |
| Holiday |  |
| Baby naming |  |
| Bris |  |
| B’nai mitzvah |  |
| Wedding |  |
| Other |  |
| **A/V** | |
| Sound system |  |
| Lectern |  |
| Projector/screen |  |
| Other |  |
| **Print Materials** | |
| Programs |  |
| Signs |  |
| Other |  |
| **Security** | |
| Police (parking area/front door) |  |
| Traffic control (Kingston Pike) |  |
| Front door |  |
| Unlock building |  |
| Turn off security system |  |
| Lock building |  |
| Turn on security system |  |
| Babysitting/childcare |  |
| Other |  |
| **Fees** | |
| Kitchen surcharges |  |
| Kitchen Supervisor fees |  |
| Linens, napkins, table skirts, towels, aprons   * Ordered by |  |
| Other |  |
| **For Office Only: Checklist Items** | |
| Event request received date |  |
| Event approved date |  |
| Requestor notified date |  |
| Checklist initiated |  |
| Confirmed on Heska Amuna calendar? |  |
| Confirmed on community calendar? |  |
| Pre-payment requested and received |  |
| Final reminder sent (1 month before event) |  |
| Final event plan confirmation – all set up and all menus - received (2 weeks before event) |  |
| Final invoice and payment received in full |  |
| Post-event checklist review |  |