

Room Reservation Request

Please fill out the form below to request a room for a function at the synagogue. After completion, please email this form to tbesomerset@gmail.com. The room reservation form MUST BE SUBMITTED no later than 48 hours prior to your function.

Note

All events planned must include budgeting for tablecloths, paper goods, and other kitchen items. The Kitchen clean-up is the group/club responsibility.

Temple Beth El of Somerset will set up and break down tables and chairs only.

All trash or garbage must be bagged for the custodians to remove.

If custodian(s) are needed after regular hours \$30.00 per custodian per hour will be charged.

Date of Function: _____ TYPE OF FUNCTION: _____

Start Time : _____ End Time: _____

Does this function occur more than once? ___ Yes ___ No **If Yes**, enter other dates this function will occur:

Group/Club Name: _____

Contact Person: _____

Phone Number: _____

Email: _____

Number Attending: _____

Enter your best estimate of the number attending: _____

Who manages opening/locking the building (if applicable): _____

Mark Room(s) Needed Select at least one room:

___ Sanctuary ___ Social Hall ___ Kitchen ___ Atrium/Lobby ___ Grounds

___ Other, please specify _____

Custodial Set-Up-Break Down - All Rentals must pay \$100 for set up and break down.

If Custodian is needed for after hours, Minimum 4 hours \$120. Please check if needed ___ Yes ___ No

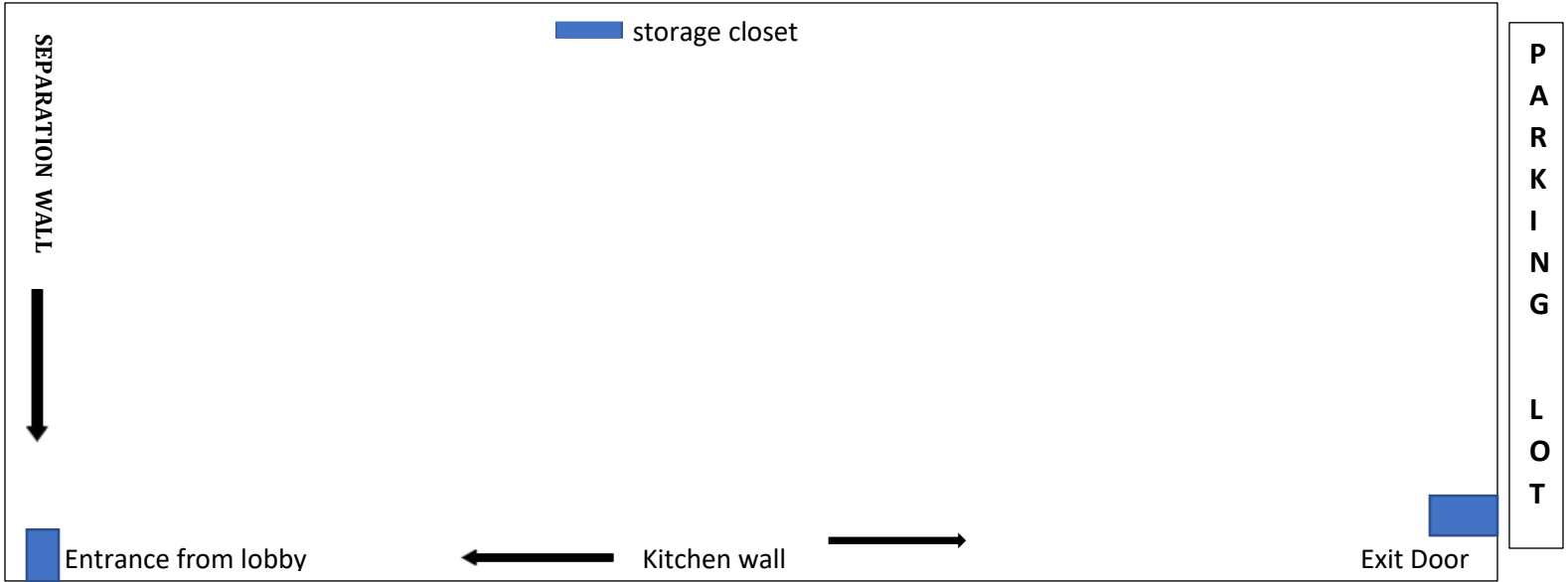
Coffee/Tea Setup:

___ None ___ Synagogue Will be Responsible ___ Group/Club Will be Responsible

****Kitchen clean-up is the group/club responsibility. Custodian(s) will set up and break down tables and chairs only.**

****All garbage and trash must be bagged for the custodian to remove.**

Set Up Diagram: If needed, you can submit a separate piece of paper showing the set up per this layout of the social hall.



Comments: _____

Setup Required by Synagogue

Number of Long Rectangular Tables: _____

Number of Round Tables: _____

Number of chairs for long rectangular tables: _____

Number of chairs for round tables: _____

Other information you would like to include in your request: _____

Print Name: _____

Signature: _____ Today's Date: _____

Office Use Only

_____ Initialed

_____ Date