

## Room Reservation Form

If you would like to use one of the rooms at the synagogue, please complete the attached form and forward to Patricia Hoffman in the office....

PROGRAM \_\_\_\_\_

SPONSORING GROUP \_\_\_\_\_

PROGRAM DAY \_\_\_\_\_ DATE \_\_\_\_\_

ROOM(S) REQUESTED \_\_\_\_\_ GROUP \_\_\_\_\_

SIZE \_\_\_\_\_

START/END TIME \_\_\_\_\_ ROOM SET-UP BY (TIME) \_\_\_\_\_

KEY NEEDED (Circle) YES or NO (To be picked up by \_\_\_\_\_)

EQUIPMENT REQUESTED:

NUMBER REQUESTED:

Chairs \_\_\_\_\_

8' Rectangular Tables \_\_\_\_\_

6' Rectangular Tables \_\_\_\_\_

Round Tables \_\_\_\_\_

Paper Table Cloths \_\_\_\_\_

Extra Trash Cans \_\_\_\_\_

Blackboard \_\_\_\_\_

TV/VCR \_\_\_\_\_

Projector Screen \_\_\_\_\_

Microphone \_\_\_\_\_

Podium \_\_\_\_\_

Music Stands \_\_\_\_\_

Piano \_\_\_\_\_

Extension Cord \_\_\_\_\_

Portable Ark \_\_\_\_\_

Prayer books (specify) \_\_\_\_\_

Candles \_\_\_\_\_

Havdalah Set \_\_\_\_\_

Other (specify) \_\_\_\_\_

SERVICES REQUESTED:

NUMBER REQUESTED FOR:

Coffee/Tea Beverage Set-up \_\_\_\_\_

Wine (Ritual) \_\_\_\_\_

Other (specify) \_\_\_\_\_

IF FOOD WILL BE SERVED, PLEASE SPECIFY: \_\_\_\_\_

SPECIAL REQUESTS: \_\_\_\_\_

DESCRIPTION OF ROOM SET-UP: \_\_\_\_\_

REQUESTED BY \_\_\_\_\_ DATE \_\_\_\_\_

REQUESTOR'S PHONE: (\_\_\_\_) \_\_\_\_\_ STAFF COORDINATOR \_\_\_\_\_

**ROOM REQUEST MUST BE APPROVED BY PATRICIA HOFFMAN** \_\_\_\_\_ DATE: \_\_\_\_\_