

PROGRAM AND EVENT RESERVATION FORM

This Form Must Be Submitted at least 10 Days in Advance

Name of Event or Program: _____

Group or Committee: _____

Date of Event: _____ Setup Time: _____ Start Time: _____ End Time: _____

Expected Attendance: _____ Chair or Coordinator: _____

Is this Event Catered? _____ If so, name of Caterer: _____

USE KITCHEN: ☐ No ☐ Yes ☐ Dairy ☐ Meat ☐ Pareve Supervisor: _____

ROOM REQUEST:

☐ Social Hall ☐ Stark Hall (gym) ☐ Area Between the Walls ☐ Sanctuary ☐ Lobby ☐ Gym Lobby

☐ Chapel ☐ Classrm 1 ☐ Classrm 2 ☐ Classrm 3 ☐ Youth Lounge ☐ _____

☐ TABLES AND CHAIRS: ____ 6' Long ____ 8' Long ____ 6' Round ____ 8' Round ____ Card tables
____ Chairs ☐ Auditorium style [draw diagram below or use back of sheet]

☐ SPECIAL SETUP ☐ Microphone ☐ Podium ☐ Screen ☐ Projector ☐ TV ☐ Easel or Board

☐ Coffee & Tea Set-up

PERSON MAKING THIS REQUEST: _____

CONTACT INFO: ph: _____ email: _____

APPROVED BY: _____ DATE: _____