



PROGRAM AND EVENT RESERVATION FORM

This form must be submitted ***at least 10 days in advance***

Type or name of event or program _____

Organization, group, or committee: _____

Date of Event: _____ Start Time: _____ Finish Time: _____

Expected Attendance: _____ Caterer: _____

Location Please check the room(s) you will need:

- Social Hall Stark Hall (Gym) Youth Lounge Area Between The Walls
- Chapel Classroom 1 Classroom 2 Lobby Outside Stark Hall
- Sanctuary Double Classroom Classroom 3

Kitchen Will you be using the kitchen? Yes No

If yes, will the food be Meat Dairy Pareve

If yes, name of supervising mashgiach: _____

Arrangement of Tables and Chairs

Number and types of tables: _____ No. of chairs at each table: _____

Number and size of tables for buffet (if any): _____

Diagram *If necessary ...* draw a set-up diagram on the reverse of this form.

Diagram submitted? Yes No

Microphone Required? Yes No Number required: _____

Coat Check Required? Yes No **Attendant required?** Yes No

Equipment Required TV Easel VCR Podium Screen Chalk Board

Special Instructions: _____

Person responsible for this event: _____ E-mail Address _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Signature: _____ Date: _____