

ROOM RESERVATION REQUEST
(Due ten days before event)

Requested by: _____ Telephone: _____

Event description: _____

Date of event: _____ Starting Time: _____ Estimated ending time: _____

Estimated number of attendees: _____

Room(s) requested: Reception Library Beit Midrash
 Auditorium/Gym Chapel Youth Lounge
 Activity Center Sanctuary Lobby
 Other: _____ Classroom # _____

ROOM SET-UP

Room(s) Requested: _____

We have the following tables available:

<u>Round tables</u>		<u>Rectangular tables</u>	
<u>Size</u>	<u>Quantity</u>	<u>Size</u>	<u>Quantity</u>
60" (Seats 10)	24	4 ft. (Seats 4)	2
66" (Seats 11)	1	6 ft. (Seats 8)	2
72" (Seats 12)	9	8 ft. (Seats 10)	14

Type of Tables								
Equipment	TV	VCR	DVD	PROJECTORS::	MOVIE	SCREEN	PODIUM	MICROPHONES
Coffee/Tea								
Hot Water								

Please draw room set-up diagram, if necessary,
and
 provide any special instructions on the back of this form.

