

WESTCHESTER JEWISH CENTER

Rockland & Palmer Avenues

Mamaroneck, N.Y. 10543

Tel: 914-698-2960 Fax: 914-698-3610

ROOM SPACE RESERVATION REQUEST - 2012

I (we) _____ wish to reserve the facilities of the Westchester Jewish Center (WJC) for the occasion and date(s) described below:

This request is not guaranteed until confirmed in writing by WJC's Executive Director.

This form needs to be accompanied by a deposit check of \$1,260.

Party Fees:

- \$2,518 up to 100 guests for social hall, reception room, & activity center
- Plus** \$ 901 - 100 to 200 guests for social hall, reception room, & activity center
- Plus** \$2,251 - 200 to 300 guests for social hall, reception room, & activity center
- Plus** \$3,378 - more than 300 guests for social hall, reception room, & activity center
- \$1,241 - up to 100 guests for reception room only
- \$ 824 - up to 100 guests activity center only. Please note this rate is not for BM parties but for parties running less than 3 hours.
- \$ 546 - up to 50 guests ½ activity center only. Please note this rate is not for BM parties but for parties running less than 3 hours.

In addition there is a kitchen use fee of \$220 charged to the caterer.

Date(s) to be reserved _____ Number of people expected _____ (approx.)

And _____ Number of people expected _____ (approx.)

Starting Time _____ (approx.) Ending Time _____ (approx.)

And

Starting Time _____ (approx.) Ending Time _____ (approx.)

Will Food Service &/or Catering be required? Yes _____ No _____

Firm name of caterer: _____ Tel. # _____

Type of Food Service required: Dinner _____ Luncheon _____ Kiddush _____

Occasion: Bar/Bat Mitzvah _____ Other _____ (describe below)

I (we) agree to the fees and charges as set forth by the WJC, and further agree to abide by the building rules and regulations set forth by the WJC. I (we) understand that all evening parties may not go past 1:00A.M., all catering load out must be through the front of the building after midnight, and party decorations must be approved by the Executive Director at least three months in advance.

Non-refundable Deposit of \$1,260* is Enclosed _____ * for the Social Hall/Gym, Reception Room, & Activity Center

*Rental Fee balance to be determined 2 weeks prior to the date of the event & full payment must be received 10 days prior to the event.

Agreed to by: _____

Accepted on behalf of WJC:

By _____ Position _____

Date _____

(Signature)