
Appendix D: TBA Facility Reservation Request Form

Event Date: _____ Date of Request: _____

Requested by: _____

Area: Social Hall Cocktail Area Sanctuary Chapel

FUNCTION

Sponsoring Committee / Organization / Family: _____

Address: _____

Person responsible: _____

Phone # (H) _____ (W) _____ (Cell) _____

Email _____

Start time: _____ End time: _____

Type of event: _____

Expected attendance: _____ Set-up required? _____

Food: _____

If catered, name of caterer: _____

Caterer's telephone #: _____

Special requirements: _____

DEPOSIT 50% Non Refundable \$ _____

PERSONNEL REQUESTED: Rabbi: Yes No Cantor: Yes No

NOTE: THIS REQUEST IS APPROVED ONLY IF SIGNED BY REQUESTED TBA PERSONNEL AND OFFICERS. THIS FORM MUST BE COMPLETED AND SIGNED BEFORE CONTRACTS ARE SENT TO SERVICE PROVIDERS.

RABBI AND/OR CANTOR _____

HOUSE COMMITTEE CHAIR OR
AUTHORIZED MEMBER: _____

PRESIDENT OR
EXECUTIVE VICE PRESIDENT: _____