

David K. Holtz, *Rabbi*Lauren Phillips Fogelman, *Cantor*Erica Newman, *Director of Operations and Engagement*Stessa Peers, *Director of Education and Youth Engagement*Margot E.B. Goldberg, *Cantor Emerita*

| Event Set Up Form | | |
|---|---|--|
| Date of Event(s) | | |
| Start Time am / pm End Time | am / pm | |
| Type of Event | | |
| Requested By: | | |
| Phone: () Er | mail: | |
| Temple Beth Abraham | Facility(ies) Requested: | |
| □Reform Sanctuary (maximum occupancy) Seating capacity-pews only (closed doors): 150 to 1 st curtain (chairs in rows): +84 incl. chairs in social hall: +300 incl. chairs in social hall and cocktail area: +80 □Conservative Sanctuary (maximum occupancy) seating capacity-pews only: 85 with chairs on upper level: +24 with chairs and table(s) on upper level: +16 (approx.) | □ Learning Center Seating capacity (chairs only): 30 Seating capacity (tables and chairs): 16 □ Michael Karnes Conference Center Seating capacity (chairs only): 48 Seating capacity (tables and chairs): 24 □ Library maximum occupancy: 15 □ Classroom (Note - 10 available-capacity varies) | |
| □Social Hall (maximum occupancy) Tables and chairs: 225 (approx.) Chairs only: 483 □Cocktail Area (maximum occupancy) Tables and chairs: 36 (approx.) Chairs only: 73 | □Use of Kitchen | |

<u>Tables and Chairs</u> (Exclusive of Learning Center and MKCC which have tables and chairs for use in those areas ONLY):

| | 60" Round | 72" Round | 8ft Table (30″) | 8ft Table (36″) | 4ft Table (24") | High- top Table | Card Table |
|-----------------------|--------------|--------------|--------------------|--------------------|--------------------|-----------------------|---------------|
| Number Available | 5 | 12 | 12 | 9 | 8 | 3 | 6 |
| # of Tables | | | | | | | |
| # of Chairs per table | | | | | | | |

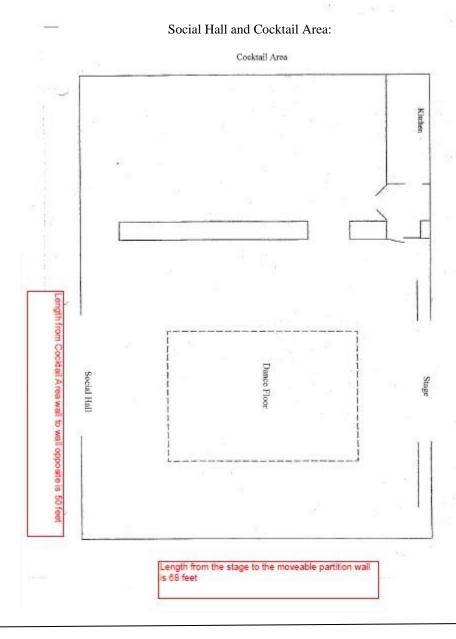
□NATBA(Not at TBA) – Please state location:

| Number of People Expected: Adults | Children | | | |
|--|--|--|--|--|
| Food and Beverages | | | | |
| Will there be food served? (please circle one) Yes / No Meat (must be kosher) DairyName of Caterer or Volunteers, if applicablePhone Number of Food Supplier () | | | | |
| Who will order/pick up food/beverages: | | | | |
| Food Service Iten | ns Requested: | | | |
| ☐ Tablecloths (paper): Please circle one: white or blue ☐ Large Plates — (paper, disposable) ☐ Salad Bowls — (paper, disposable) ☐ Dessert Plates — (paper, disposable) ☐ Serving Utensils (plastic) ☐ Napkins (paper) ☐ Utensils (plastic, disposable) ☐ Serving trays w/paper doilies ☐ Water/ Cups | ☐ Challah Baskets ☐ Shot Glasses ☐ Ice ☐ Coffee Service-Regular AND Decaf, Tea | | | |
| Presentatio | n Needs: | | | |
| ☐ Handouts (we will make copies of material you provide) ☐ Podium ☐ Microphone (on stand/overhead – 4) ☐ Wireless Mic (handheld – 3) ☐ Easel ☐ Flip Chart and Markers (Sharpies) ☐ TV – Please circle one: 42" or 60" ☐ Computer Projector ☐ Screens: Freestanding screen Retractable screen in Social Hall Retractable screens in Sanctuary | □ A/V Cart □ Extension Cord □ Laptop Computer w/Internet and "S" Drive Access □ Laptop with Internet Access ONLY □ Laptop Computer, no internet access needed. □ Clicker (for laptop computer) □ Hybrid Meeting/OWL (Zoom login required): | | | |
| If you will show any video presentations, please ensure material, either by email or on a flash drive, at least four | | | | |

If you wish to have TBA do any publicity for you, please email tbaoffice@tba-ny.org any materials (e.g., handouts, registration forms (this may be a hyperlink), flyers, QR code, bit.ly links, PowerPoint or Google slides, etc.) We are also happy to help you create any necessary items.

| □ Siddurim (Prayer Books) - Please select: Mishkan T'filah (Reform) or Sim Shalom (Conservative) □ Chumashim (Torahs) □ Shabbat Candles and Matches □ Kiddush Cup with Grape Juice □ Washing Station(s) (Wash, Pitchers, Bowls, Towels, Garbage Cans) □ Challah set up: (Challah tray, challah cover and challah knife) * *PLEASE LET US KNOW IF WE NEED TO ORDER A CHAROGENIZE WILL BE SELET US CONTROLLED TO CHALLAND CONTROLLED TO CORDER A CHAROGENIZE WILL BE SELET US KNOW IF WE NEED TO ORDER A CHAROGENI | • |
|---|--|
| NOTES/Additional information you wish to provide: | |
| | |
| Please provide an illustration of the table and chair s | et up you would like on the reverse side of this page. |
| FOR TBA OF | |
| FOR TBA OF Date Submitted: Who will open building? | |
| FOR TBA OF | |

| Date: | |
|-------------------|--|
| Approved By | |
| Added to Calendar | |



Draw your set up for other rooms/areas below: