

GROUP: _____

DATE: _____

EVENT: _____

TIME: _____

PERSON RESPONSIBLE: _____

PHONE #: _____

OF ATTENDEES: _____

ROOMS NEEDED:

| | | | | | | | |
|------------|--------------------------|-----------------------------|--------------------------|--------------|--------------------------|----------------|--------------------------|
| OS Room | <input type="checkbox"/> | Library | <input type="checkbox"/> | Kitchen | <input type="checkbox"/> | Magen David Rm | <input type="checkbox"/> |
| Auditorium | <input type="checkbox"/> | Sanctuary | <input type="checkbox"/> | Youth Lounge | <input type="checkbox"/> | Lobby | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Classrooms (please specify) | <input type="checkbox"/> | | | | |

WHICH EXTERIOR DOORS NEED TO BE UNLOCKED:

| | | | | | | | |
|--------|--------------------------|---------|--------------------------|--------------|--------------------------|---------------|--------------------------|
| Canopy | <input type="checkbox"/> | Kitchen | <input type="checkbox"/> | Front - Main | <input type="checkbox"/> | Handicap Door | <input type="checkbox"/> |
| | | | | Front - Side | <input type="checkbox"/> | | |

TABLES NEEDED: ROUND: _____ (Floorplan needed for layout)

RECTANGLE: _____

SQUARE: _____

CHAIRS NEEDED: _____

Around tables

| | |
|--|--|
| | |
| | |

Separate

DINNERWARE

| | |
|--------|--------------------------|
| PAPER: | <input type="checkbox"/> |
| CHINA: | <input type="checkbox"/> |

LINEN

| | |
|--------|--------------------------|
| PAPER: | <input type="checkbox"/> |
| CLOTH: | <input type="checkbox"/> |

SPECIAL INSTRUCTIONS:

DELIVERY TIMES:

Fill out reverse side of sheet

FLOOR PLAN TO FOLLOW:

Please submit 1 month prior to event. Keep office informed of any change (may be submitted by the caterer)

If a floor plan is needed, please submit at least 2 weeks prior to event

For questions regarding the facilities, call Donna at 736-3610.