



TEMPLE AHAVAT SHALOM

SPACE REQUEST FORM

Date Submitted: _____ Date of Event: _____

Type/Name of Event: _____

Duration: _____ AM PM to _____ AM PM Number of People expected: _____

Host/Contact Person: _____ Phone #: _____

SPACE NEEDED

_____ Sanctuary	_____ Classroom # _____
_____ Social Hall	_____ Courtyard
_____ Social Hall Bays	_____ Library
_____ Kitchen	_____ Other—describe: _____
_____ Youth Lounge	_____

Caterer: _____ Phone #: _____

Photographer: _____ Phone #: _____

Videographer: _____ Phone #: _____

Other: _____ Phone #: _____

SET-UP INSTRUCTIONS (check all that apply)

_____ Buffet	_____ # Buffet Tables
_____ Stand-Up Reception	_____ # Round Tables
_____ Sit-Down Reception	_____ # Rectangular Tables
_____ Coffee Service	_____ # Chairs

**INDICATE ADDITIONAL INSTRUCTIONS
ON REVERSE SIDE**

FOR TEMPLE FUNCTIONS ONLY

_____ China/Paper (circle one)
_____ Silverware
_____ Microphone
_____ Projection Screen
_____ Internet Connection
_____ CD/Video Player

SPECIAL INSTRUCTIONS:

Indicate below how to set up the Social Hall

