

BETH SHOLOM CONGREGATION AND TALMUD TORAH EVENT FORM

_____ **New Event** _____ **Scheduled Event**

Department: _____ **Contact Person:** _____

Chair(s) _____ **Telephone #** _____

Event Title: _____

Date: _____ **Start Time:** _____ **End Time:** _____ **Number of People Expected:** _____

DESCRIPTION: _____

LOCATION:

Abramson Social Hall ½ Full; Berman Atrium; Bobrow Chapel; Epstein Sanctuary;
 Herschel Hall; Classroom # _____; Main Conference Room; Upstairs Conference Room;
 Lower Level MPR; Lower Level Youth Lounge

ROOM SET UP: _____ **Diagram Attached**

Table Size and Number: _____ 5Ft Round; _____ 6Ft Round; _____ 6Ft Rectangle; _____ 8 Ft Rectangle

Number of Chairs: _____

AUDIO/VISUAL:

Microphone; Podium; Easel; Screen; Slide Projector; TV/VCR; Overhead; Video projector

SUPPLIES: (note quantities)

Plates (large); Plates (small); Napkins; Hot cups; Cold cups; Coffee/Tea; Stirrers;

Sugar/Sweetener; Creamer; Knives; Forks; Spoons; Tables Covered

OTHER: _____

EVENT SET UP/CLEAN UP: Please arrange for your committee to be responsible for this!!!

CATERING:

Will food be served? Y N

Will the kitchen be used? Y N _____ Meat _____ Dairy

Caterer _____ Mashgiah Assigned Y N

FOR OFFICE USE:

Confirmed by Glynis Smith _____ Date _____

Confirmed by Alan Reinitz _____ Date _____

FORMS NEED TO BE SUBMITTED SEVEN BUSINESS DAYS BEFORE THE EVENT