

FACILITY USAGE FORM FOR AN EVENT OR PROGRAM

Please complete and return to Adath Israel Office

cmolino@adathisraelnj.org fax 609 609-896-1071

Today's Date _____

Coordinator/Chairperson responsible:

Name: _____ **Phone#s:** _____

Type of Event: _____ **Date:** _____

Person/committee financially responsible: _____

Person responsible for Food & Beverage _____

RSVPs to go to: _____ **Phone:** _____

Caterer: _____ **Bakery:** _____

Will you be responsible for Friday's Oneg _____ **Saturday's Kiddush** _____

Room setup: _____

Time of setup: _____

Extra Help Needed: _____ **How Many/Who** _____

Special Requests: i.e., tablecloths, napkins, cutlery, dishes (paper or china), sterno, Washing Stations, etc.

Publicity – check all that apply: Israelight _____, M. Weiner's email _____, Weekly Announcement sheet _____, Adath website _____, Flyers for Bulletin Boards _____, Flyers for family folders _____, Bulk Mailing _____
Person responsible: _____

AV requests – check all equipment needed: Projector _____, Screen _____, DVD Player _____, CD player _____, TV _____, Microphone(s) _____, Lectern _____, Laptop _____ Chalk Board _____, Chalk & Eraser _____

AV will be available by prior request only.

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