

FACILITIES USE REQUEST FORM

****Submission of this form does not guarantee rental. Rental is not guaranteed until contract and deposits are received.**

Are you a member of CBI Yes No Are you representing an organization? Yes No

If YES, name of Organization _____

Name of person coordinating event: _____

Address: _____

Phone number(s): DAYTIME: _____ EVENING: _____ CELL: _____

Daytime Email: _____ Evening Email: _____

Second Contact Person _____ Daytime phone number: _____

Evening phone number: _____

One-time event? Yes No On-going event? Yes No

If yes, list future dates _____

Date of event _____ Starting time _____ am/pm until _____

Name of event _____

Description of the use: _____

Projected number of attendees: _____ (All together or staggered) _____

FACILITIES REQUESTED: (circle all that apply)

Social Hall Sanctuary Kitchen Beit Midrash Multi-purpose Library Preschool
Classrooms 1 2 3 4 5 6 7 8 9 10 Back Patio Beit Midrash Patio Ball Field

The Event Will Include (check all that apply): Food Alcohol

Are you using a caterer? Yes No Name of caterer: _____

Caterer Contact person: _____ Phone number: _____

Are you using vendors? Yes No

Name of vendor: _____

Vendor Contact person: _____ Phone number: _____

Name of vendor: _____

Vendor Contact person: _____ Phone number: _____

Lessee's Name _____ Date _____