

United Hebrew Congregation Calendar/Room Request Form

Date of Request: _____

Date(s) of Program: _____

Person Making Request: _____

Room(s) requested: _____

Coffee: _____ Yes _____ No If yes, for how many: _____

Food: _____ Yes _____ No

If yes: Additional Supplies Needed: _____

Caterer: _____ or

Food being brought in: _____

Type of set up: _____ Audience Style (rows of chairs with table or podium up front)

_____ Meeting Style (tables in square or "U" - please specify)

_____ Other (Please submit drawing)

Special Needs for event: _____

Date accepted: _____ Space assigned: _____