

BETH HILLEL SYNAGOGUE
160 WINTONBURY AVENUE
BLOOMFIELD, CT 06002
Telephone: 860 – 242 - 5561
Fax: 860 – 242 -5683

ROOM USE REQUEST FORM (**FOR ALL PURPOSES**)

Name of Person/Organization requesting use: _____
(Please Print Name)

(Address & Telephone Number)

(Contact person if Organization)

If Catered: Name & Telephone Number of Caterer:

Food will be: Dairy Meat **Custodian Requests:** Before Event During Event After Event

Room(s) Desired (Check all those applicable)

Equipment Needed

- | | | |
|---|--|---|
| <input type="checkbox"/> New Social Hall | <input type="checkbox"/> Old Social Hall | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Kiddush Area | <input type="checkbox"/> Youth Lounge | <input type="checkbox"/> Microphone(s) |
| <input type="checkbox"/> Sanctuary | <input type="checkbox"/> Chapel | <input type="checkbox"/> TV/VCR |
| <input type="checkbox"/> Multipurpose Room | <input type="checkbox"/> Library | <input type="checkbox"/> Grill (Meat Food only) |
| <input type="checkbox"/> Bridal Dressing Room | <input type="checkbox"/> Classroom(s): How Many? () | |

Please indicate number needed:

Round tables seating 8 Round tables seating 12 long tables Diagram on back

Date event is scheduled for: _____

Time event is scheduled to start: _____ A.M. P.M.

Time event is scheduled to end: _____ A.M. P.M.

Preparation time prior to event: Date: _____ Time: _____ A.M. P.M.

Cloakroom will be in use Needs to be manned (if possible)

Other (Please identify other needs)

Signed: _____ Date: _____

Note: As our facilities are on a first come, first serve basis we cannot hold the facilities indefinitely for you. The earlier you complete this form and return it to the Synagogue will enable us to hold this date for you. In addition, if you wish to have the tables in a specific arrangement, please supply a floor plan at least 3 days in advance.

THIS FORM MUST BE RETURNED TO THE SYNAGOGUE
NO LATER THAN 2 WEEKS BEFORE THE EVENT