

CALENDAR REQUEST FORM

To be added to the Temple Calendar, all meeting and event requests must be made in writing using this form. Requests will be considered if they do not conflict with Torah School, Preschool, Jewish Holidays, Federal Holidays, previously calendared Temple Events, and major community programing at which Temple Emanu-El is participating.

COMMITTEE/GROUP				
CONTACT NAME	CELL PHONE			
CONTACT EMAIL				
NAME OF EVENT		NUMBER OF ATTENDEES		
0	ONE-TIME		ING (Ending Date)
DAY	DATE		TIME	to
LOCATION REQUESTED				
KITCHEN LIBRAR	Y CONFEREN	ICE ROOM	SANCTUARY	COURTYARD
SOCIAL HALL: ENTIRE _	S.H. A (Front)	S.H. B	(Middle) S.H.	C (Kitchen)
TABLES: ROUND 8	3 FT 6 FT	_ Other	LOCATION	
CHAIRS: TYPE	NUMBER	LOCATI	ON	
AV NEEDED				
SECURITY REQUESTED If security is not requested Alphone. Gates cannot be SPECIAL SET-UP REQUE	a volunteer must agree left open and unattend	e to remain at the ded. Security re	quires a minimum of 4	hours at \$30 per hour.
REQUEST RECEIVED DA	TE		FROM	
REVIEWED BY (Initial if no	•			
Torah School	Preschool	JFS	_ Temple Calendar	
APPROVED BY:	EXECUTIVE	DIRECTOR	DATE	