



Facility Reservation Form

(to be used by Shaare Torah Congregants only)

Please use a separate form for each event reservation. Reservations will not be accepted unless accompanied by a one-third (1/3) deposit payable to Shaare Torah.

Name

Address

Telephone

Fax

City, State, Zip

E-Mail Address

Type of Event

Date of Event

Room(s) Requested: All Purpose Room

Youth Lounge

Entrance Level Foyer

Entrance Level Foyer with All Purpose Room

Expected Start Time

Expected Finish Time

Total Number of Hours (including set-up and break-down time)

Est. Number Attendees

Name of Caterer (if known)

Additional information / requirements

Signature

Date