

Temple Beth Sholom: Room Reservation Set-up Request Form

Event Name: _____ Event Date: _____
If On-going One Time Event On-going Event
List Future Dates: _____
Start Time: _____ End Time: _____
Room/Location: _____ # of Attendees: _____
Event Contact: _____ Contact Phone: _____

Table Set-Up Request

_____ 8 ft. longs with	_____ # of chairs
_____ 6 ft. longs with	_____ # of chairs
_____ 60" rounds with	_____ # of chairs
_____ 72" rounds with (4 only)	_____ # of chairs

Other Set-Up Requests

Is food being supplied by applicant?
(please include food table in table set-up) YES NO

Is coffee set up needed?
(You must bring all supplies including coffee) YES NO

Table Cloths Needed YES NO

* If your event is cancelled please let the TBS Office know 72 hours prior to event start time *

Room Setup Diagram

NOTES: