

CALENDARING FORM

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PROGRAM TITLE:		TOP THREE PROGRAM DATE OPTIONS *:	START TIME: END TIME
PROGRAM Coordinator:		SET UP TIME:	PROGRAM TIME:
HOME PHONE:	CELL PHONE:	EMAIL:	
CATEGORY: <input type="checkbox"/> WORSHIP <input type="checkbox"/> SOCIAL ACTION <input type="checkbox"/> SOCIAL <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> CULTURE <input type="checkbox"/> _____		SPECIAL REQUESTS:	EXPECTED ATTENDANCE:
ROOM REQUEST: <input type="checkbox"/> SOCIAL HALL <input type="checkbox"/> SANCTUARY <input type="checkbox"/> LIVING ROOM <input type="checkbox"/> CHAPEL <input type="checkbox"/> LAWN / PATIO <input type="checkbox"/> KITCHEN <input type="checkbox"/> BOARD ROOM <input type="checkbox"/> LIBRARY <input type="checkbox"/> CLASSROOM # <input type="checkbox"/> ROTUNDA <input type="checkbox"/> MULTIPURPOSE ROOM			
DEMOGRAPHIC: (CHECK ALL THAT APPLY) <input type="checkbox"/> ADULTS <input type="checkbox"/> ADULT WOMEN ONLY <input type="checkbox"/> ADULT MEN ONLY <input type="checkbox"/> SENIORS <input type="checkbox"/> MULTIGENERATIONAL <input type="checkbox"/> SINGLES (20S /30S /ABOVE) <input type="checkbox"/> MARRIEDS <input type="checkbox"/> COUPLES WITH CHILDREN		<input type="checkbox"/> SPECIAL NEEDS <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> INTERFAITH <input type="checkbox"/> NEW MEMBERS <input type="checkbox"/> PERSPECTIVE MEMBERS <input type="checkbox"/> JEWISH COMMUNITY <input type="checkbox"/> NON-JEWISH COMMUNITY	<input type="checkbox"/> ELEMENTARY STUDENTS <input type="checkbox"/> MIDDLE SCHOOL STUDENTS <input type="checkbox"/> JUNIOR HIGH SCHOOL STUDENTS <input type="checkbox"/> HIGH SCHOOL STUDENTS <input type="checkbox"/> RELIGIOUS SCHOOL FAMILIES <input type="checkbox"/> RELIGIOUS SCHOOL PARENTS <input type="checkbox"/> PRESCHOOL FAMILIES <input type="checkbox"/> PRESCHOOL PARENTS
DO YOU NEED? ADMINISTRATIVE STAFF SUPPORT <input type="checkbox"/> YES <input type="checkbox"/> NO SECURITY STAFF SUPPORT <input type="checkbox"/> YES <input type="checkbox"/> NO PROFESSIONAL STAFF SUPPORT <input type="checkbox"/> YES <input type="checkbox"/> NO CUSTODIAL STAFF SUPPORT <input type="checkbox"/> YES <input type="checkbox"/> NO			

*PLEASE KNOW: NO DATES WILL BE GUARANTEED UNTIL WE ARE ABLE TO LOOK AT ALL REQUESTS

FOR OFFICE USE ONLY

<i>Signature</i>	<i>Date</i>
APPLICATION RECEIVED BY:	
APPROVED BY:	
SPECIAL INSTRUCTIONS:	