

BETH EL TEMPLE OF WEST HARTFORD
ROOM REQUEST FORM

DATE OF FUNCTION: _____ DATE SUBMITTED: _____
(Day and date)

TIME: Starting _____ Ending _____

COMMITTEE NAME: _____

CONTACT PERSON: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

ROOMS(S) REQUESTED: _____

NUMBER ATTENDING: _____

REFRESHMENTS: (Please check) YES _____ NO _____

WHAT KIND: ☐ DAIRY ☐ MEATS ☐ PARVE

DISHES NEEDED: _____

DIAGRAM SET-UP REQUIRED:

Infrared hearing sets _____

Microphone _____

Podium _____

Easel _____

Other _____