Congregation Ahavath Sholom
4050 S. Hulen
Fort Worth, Texas 76109
A Family of Families

REQUEST FOR USE OF FACILITIES

Before setting the date for a function or meeting, please contact the synagogue office for the availability of that date. The date will be confirmed within five (5) days of the submission of this form to the office. All outside food orders must be approved by the Rabbi. If these procedures are not followed, your date will not be honored.

Person Responsible for Closing: _____ Date of Request: _____

Sponsoring Organization: _____

Type/Name of Event: _____

Contact Person: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Function	Start Time	End Time	Room Desired	Number Expected

Tables/Covers # Round _____ # Rectangle _____ # Chairs _____ # Covers _____

Drinks/Cups

Coffee Regular _____ Decaffeinated _____ Cups—Hot _____ Cups-Cold _____

Water _____ Ice _____

Special Needs

Microphone _____ Podium _____ Piano _____ Screen _____

Extension Cord _____ Other Needs _____

Food Coming From: _____

When: _____

Please draw room layout on reverse side of this form.

❑ Approved by _____ ❑ Not Approved by _____

For Office Use Only:	**Name**	**Date**
Request received by:		
Approved by Executive Director:		
Request confirmed:		
Entered on calendar by:		
Catering Contract (please initial appropriately)	❑ **No** ❑ **Yes (if yes please date)**	

Revised July, 2013. Location: S:\Forms