



## Building Use Application

This form and a deposit must be returned **no later than 30 days** after you receive date confirmation from the Temple Office. Your date will not be held for you unless this form and deposit are received.

### Event and Renter Information

Type of Function: \_\_\_\_\_

Date of Function: \_\_\_\_\_ Estimated Number of Guests: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (cell) Email: \_\_\_\_\_

Wedding Party Names(s): \_\_\_\_\_

B'nai Mitzvah Name(s): \_\_\_\_\_

### Facilities Required

Please see the Appendix C, the Event Fee Schedule, for the maximum time that the building can be used for your type of event. Specify below the facilities to be used. **Check all that apply and specify hours.**

#### B'nai Mitzvah Facilities:

\_\_\_ B'nai Mitzvah Service (10:00-noon or 4:00-6:00pm) (from \_\_\_\_\_ to \_\_\_\_\_)

\_\_\_ Sanctuary 4-hour Reception (from \_\_\_\_\_ to \_\_\_\_\_)

\_\_\_ Oneg Room 1- hour Kiddush (from \_\_\_\_\_ to \_\_\_\_\_)

\_\_\_ Oneg Room 2-hour Extended Kiddush (from \_\_\_\_\_ to \_\_\_\_\_)

\_\_\_ Oneg Room 4-hour Reception (from \_\_\_\_\_ to \_\_\_\_\_)

\_\_\_ Kitchen (from \_\_\_\_\_ to \_\_\_\_\_)

\_\_\_ Other (porch, lawn, patio, deck) (from \_\_\_\_\_ to \_\_\_\_\_)

#### Other Event Facilities:

\_\_\_ Sanctuary (from \_\_\_\_\_ to \_\_\_\_\_)

\_\_\_ Oneg Room (from \_\_\_\_\_ to \_\_\_\_\_)

\_\_\_ Kitchen (from \_\_\_\_\_ to \_\_\_\_\_)

\_\_\_ Other (porch, lawn, patio, deck) (from \_\_\_\_\_ to \_\_\_\_\_)

## Terms and Conditions

Please read carefully the following section on the terms and conditions associated with the use of our building. **Initial each section below to indicate that you agree with each term and condition.**

### Custodial Services:

\_\_\_\_\_ I understand that the rental fee includes custodial services beginning one hour before the event and concluding one hour after the event. **If additional custodial time is needed, I agree to pay for such additional time.** I further agree to notify the Temple Office at least 10 business days before the function of the amount of additional custodial time that will be needed, including any additional time that is required in order to allow my vendors to have access to the building. I understand and agree that if the building is left in a condition requiring more than the usual custodial clean-up, I will be charged for custodial overtime and/or for outside cleaning help. **See Appendix C** for rental and custodial rates.

### Building Use Requirements:

\_\_\_\_\_ I understand that I may not exceed the occupancy rates of any room(s) in the Temple building as defined in the Event Planning Handbook.

\_\_\_\_\_ I will provide a seating diagram/information for the requested rooms (Oneg Room and/or Sanctuary) to the Temple office at least 10 business days before the event.

\_\_\_\_\_ I understand that, I agree to notify the Temple Office of the final guest count at least 10 business days before the event.

\_\_\_\_\_ I will provide and names and contact info for all your vendors (caterer, florist, photographer, videographer, DJ/band) to the office **no** later than ten (10) business days before the event.

\_\_\_\_\_ I agree that I am responsible for removing all flowers, decorations and trash immediately after the event, unless permission to leave specific items is given by an authorized Temple representative.

\_\_\_\_\_ I will ensure that my vendors (including caterer) will depart the premises within one hour following my event.

\_\_\_\_\_ It is further agreed that Temple Shir Tikvah is not responsible for any loss of, or damage to, personal property or for any injuries suffered by any person(s) or their guests using the Temple facilities.

\_\_\_\_\_ I agree to read and comply with all rules, regulations and policies specified in the Event Planning Handbook.

## **Required Deposit**

See the **Event Fee Schedule in Event Planning Handbook** for all rental costs associated with private functions held at Temple Shir Tikvah.

### **B'nai Mitzvah Deposit (members only):**

\_\_\_\_\_ I have enclosed a payment of \$200 for use of the facilities designated above and to reserve the date of the B'nai Mitzvah.

### **Private Event Deposit (members and non-members):**

\_\_\_\_\_ I have enclosed a payment of 50% of the event fee for use of the facilities designated above and to reserve the date of the event.

## **Payment**

Specify method and details of payment.

\_\_\_\_\_ Check Enclosed or \_\_\_\_\_ Credit Card Payment Enclosed (Visa, MC, Discover)

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

\_\_\_\_\_ I agree to return this deposit no later than 30 days after I receive a date confirmation from the Temple. **I understand that my date is not reserved until the Temple has received this deposit.** I also agree to pay all remaining fees to Temple Shir Tikvah no later than thirty (30) business days before the event date.

## **Cancellation of Agreement**

\_\_\_\_\_ I understand that the deposit is refundable to the applicant, minus a \$100 administrative fee, up to 6 months before the event upon cancellation notice to the Temple Office.

\_\_\_\_\_ I understand that the Temple has reserved the right to change, modify or cancel this agreement by sending thirty (30) days written notice to me. Such changes and modifications shall be deemed to be accepted by me unless the Temple receives written notice to the contrary within the (10) business days thereafter. In the event either party cancels this agreement, there shall be no liability resulting thereby. There is no other agreement or contract between the parties other than as herein set forth.

**Signatures**

A signed copy of this agreement will be returned to you by the Temple Office on receipt of this form and associated deposit.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative of

Temple Shir Tikvah: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this signed form to:

Temple Shir Tikvah  
34 Vine Street  
Winchester, MA 01890  
(781) 729-1263 (781) 729-1363 fax

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**For Office Use Only:**

Check/credit card payment received: \_\_\_\_\_ Date: \_\_\_\_\_

Balance remaining: \_\_\_\_\_ Date Due: \_\_\_\_\_

Balance received: \_\_\_\_\_ Date: \_\_\_\_\_