

Please download this editable form and email to:
admin@caulfieldshule.com.au

CAULFIELD HEBREW CONGREGATION (CHC)

EVENT ENQUIRY FORM



YOUR CONTACT DETAILS

Organisation: _____

Name: _____

Address: _____ Suburb: _____

Postcode: _____ Email: _____

Phone: _____ Mobile: _____

EVENT DETAILS

Facility:

MainShule

Or Chadash

Hall

Boardroom

Function Type:

Bar/Bat Mitzvah Kiddush

Call Up (Aufruf) Kiddush

Private Shule Service

Wedding

Baby Naming

Brit Milah

Private Function

Community function

Type of event (e.g. disco, lunch, talk) _____

Date: ___ / ___ / _____

Night

Shabbat day

Mincha/Seudah Shlishit

Sunday

Weekday

Start time:

Finish Time:

Approximate number of guests:

Bump in date & time:

Bump out date & time:

Comments: (please include any details of external hirers e.g. furniture, lighting)
