

BETH EL TEMPLE OF WEST HARTFORD
WEST HARTFORD, CT

EVENT CALENDARING FORM

In order to reserve a room and have your meeting/event placed on the Beth El calendar, please fill out this form in full and submit it to the Beth El Temple office. It can also be filled out and submitted electronically by visiting the Beth El Temple website at www.bethelwesthartford.com. If you have any questions, please call the Temple office at (860) 233-9696.

DATE SUBMITTED: _____

NAME OF EVENT: _____

DATE OF EVENT: _____ TIME: Start _____ End _____

NUMBER OF PARTICIPANTS EXPECTED: _____

SPONSORING COMMITTEE/ORGANIZATION: _____

CONTACT PERSON: _____

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

ROOM(S) REQUESTED (Please check all that apply.):

____ Kessler Hall

____ Community Room

____ Sanctuary Hall

____ East Wing

____ Sanctuary Lobby

____ Chapel

____ Kitchen

____ Classroom

WILL FOOD BE SERVED? ____ Yes

____ No

____ Breakfast

____ Lunch

____ Dinner

____ Refreshments

____ Dairy

____ Meat

____ Pareve

NAME OF CATERER, IF APPLICABLE: _____

Please fill out a "Function Form" at least one week in advance of your event, detailing room set-up requirements and other special needs, and submit it to the Temple office.