TAA RENTAL AND USE AGREEMENT

Thank you for choosing Temple Ahavat Achim for your event. The policy and procedures listed in this document and the Facilities Rental and Use Policy are to be adhered to without exception. Temple Ahavat Achim maintains the right to refuse the renting of TAA facilities and equipment.

To finalize and confirm your reservation, please fill out, sign and return this form to the Temple office with your payment of 50% of your rental costs in the amount of $___________. Please keep a copy of this agreement for your records.

The Temple requires a security deposit for any damages to the property, building, furnishings, fixtures, or appliances caused by the outside users. The security deposit required for your event is $___________ due by _____________________________ (date). This amount will be fully refunded within 30 days after your event, provided that a Temple employee or representative has inspected the facilities utilized and has indicated no found damage.

It is required that the $_____________ balance of the total charge of $______________ be paid on or before ____________________________ (date). Should payment not be received by the designated date, Temple Ahavat Achim reserves the right to cancel the function.

The Temple will be open 2 hours prior to your event for set-up purposes and 2 hours after for clean-up. The maximum time allowed for your event is _____ hours from ______ to _______ am/pm.

LIABILITY
Applicant agrees to indemnify and hold Temple Ahavat Achim and its employees harmless from any and all claims for loss, injury, or damage to person and property while on the premises. Assigned Temple personnel have the responsibility and authority to protect the welfare and safety of all Temple guests and the maintenance of the Temple facilities. Designated Temple personnel are in charge of the Temple and they may act on behalf of the Temple during events. Designated Temple personnel will carry out their duties in a respectful manner towards guests and vendors. Charges for any damages to Temple Ahavat Achim by any third party contractors (i.e. photographers, florist, DJ, etc.) are the financial responsibility of the individual or organization signing this agreement.

VENDOR’S AGREEMENT
The Applicant is required to notify all vendors that a Certificate of Insurance is required to use Temple Ahavat Achim facilities. The certificate with a minimum amount of $1,000,000 must name Temple Ahavat Achim as the additional insured. This certificate must be presented to the Temple office one week prior to the event.

I/We have read and agree to the above stated rules and the requirements of the Facilities Rental and Use Policy and the Facilities Rental and Use Agreement.

Print Applicant Name: _____________________________________
Signature of Applicant: _____________________________________ Date _____________________

I/We have read and agree to the above stated rules and the requirements of the Facilities Rental and Use Policy and the Facilities Rental and Use Agreement.

Print Applicant Name: _____________________________________
Signature of Applicant: _____________________________________ Date _____________________
Daytime phone number (______) _____________________
Evening phone number (______) ____________
Cell number (_____)

Specifications and Details of Event

Please indicate below all facilities/rooms of the temple you would like to rent for your event.
- _____ Upstairs Sanctuary (maximum occupancy – 150)
- _____ Upstairs Social Hall (maximum occupancy – 150)
  (Combined occupancy for SH and Sanctuary = 300)
- _____ Balcony
- _____ Expansion Space(s)  1    2    3
- _____ Upstairs Kitchen (used only under temple rep. supervision)
- _____ Downstairs Beit Midrash (maximum occupancy – 60)
- _____ Downstairs Kitchenette
- _____ Downstairs Lobby (Schmoozatorium) – does not include classrooms or offices
- _____ Meeting/Classroom – does not include use of Lobby furniture or carpeted areas.

Please indicate what equipment is needed for the event:
- _____ Audio/Visual Equipment
- _____ Microphones
- _____ Projector / Screen
- _____ Other ___________________________________________________________________

Will food be served at the event? __________

What style of dining are you planning?
- _____ Banquet Seating    _____ Standing Reception    _____ Buffet

Do you plan to serve alcohol at the event? __________

Will you have a parking attendant/s? __________

Please provide the company name and contact information for all vendors providing services at the event.

Type of Vendor: ____________________________ Company: ____________________________
  Contact: ____________________________ Phone: ____________________________

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  Contact: ____________________________ Phone: ____________________________

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  Contact: ____________________________ Phone: ____________________________
Schedule of Deliveries and Event Outline

Type of Delivery __________________________
Date: ____________
Time: ____________

Type of Delivery __________________________
Date: ____________
Time: ____________

Type of Delivery __________________________
Date: ____________
Time: ____________

Type of Delivery __________________________
Date: ____________
Time: ____________

Please outline the schedule of the event in the space below: