CONGREGATION BETH SHALOM
OF NAPA VALLEY
A Community Jewish Center

Member:____ Nonprofit:_____
Non-Member:____

CONGREGATION BETH SHALOM
SPECIAL EVENT APPLICATION

Application Date:_____ **Event Number:_____**

Event:_____CBS Member:_____

Purpose:_____Date Requested:_____

Start Time:_____ End Time:_____No. of Attendees:_____

Event Organizer:_____Email Address:_____

Organizer Contact Info-Cell:_____Home: _____Work:_____

Catered event: yes no, If Yes, Caterer:_____Contact No.:_____

Florist:_____ Contact No.:_____

Photographer:_____ Contact No.:_____

Videographer:_____ Contact No.:_____

DJ/Musicians:_____ Contact No.:_____

Other vendor:_____ Contact No.:_____

Check all that apply: Sound System ☐ Screen ☐ Lighting controls☐ Kitchen ☐

Sanctuary ☐ Social Hall ☐ Library ☐ Conference Room 1☐ or 2 ☐ Lobby ☐ Bar ☐

Other Requirements: (Please include Room set-up Diagram & amount of set-up/tear down time required)

Proposed Fees: (50% deposit of the total fees is required to hold the date) _____

_____

Approved by:_____ _____ _____
VP Building & Facilities **Chair Building & Grounds** **Special Events Chair**

Date: _____ _____ _____

Person responsible for Opening CBS _____Contact no.:_____

Person responsible for Closing CBS _____Contact no.:_____

Rev2.1.15