Application for Use of Temple Sinai Facilities

Name:			Date:
Address:			
Email:			Member of Temple Sinai: 🛛 Yes 🏾 No
Dates for non- months in adv		ay not be confirmed a	and remain subject to cancellation more than three (3
Purpose:		Date:	Hours:
Facilities Reque	ested: 🗖 Sanctuar	y 🗖 Social Hall 🗖 H	Kitchen 🛛 Atrium
Numbers of pe	rsons expected:	Type of entertair	nment:
Caterer's Name	e and Contact Infor	mation	
Photographer/	Videographer's Na	me and Contact Inform	mation
	Name and Contact	Information	
	Name and Contact	Information	
Tent Supplier N Caterer or fam	ily (if no caterer is	being used) will be re	equired to leave a security deposit of \$500.00 to
Tent Supplier N Caterer or fam	ily (if no caterer is	being used) will be re	
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