



Beth Israel
Congregation
Kingston · Ontario

Beth Israel Congregation
116 Centre Street
Kingston, ON K7L 4E6

Event & Meeting Reservation Form

Event Date: _____ Time: _____ Date of Request: _____

Event: _____ On-site: _____ Off-site: _____

Committee/Organization: _____

Contact: _____ Telephone Number: _____ Email: _____

Room Requested: _____ Number of People Attending: _____

Setup Required Yes: No: Layout Attached: _____

Items Required Tables: Chairs:
TV: Screen: Lectern: Microphone:
Other: _____

Flower Delivery Yes: No:
Company: _____ Delivery Date & Time: _____

Kitchen:

Kitchen Required Yes: No: Number of Days: _____

Time Required AM: PM: Evening:

Menu Requirement Dairy: Meat:

Dishes Yes: No:

Tablecloths Number: _____ Size: _____

Other - Details/Items Required: _____

Surplus Food will go to Family: or Name of Organization: _____

Other Services Required:

**Maintenance & Security Yes: No: Date & Time Required: _____

Building Access to be provided by: _____

Contract to be Signed Yes: No:

** Please note extra charges may be required for Maintenance Assistance.

PLEASE ATTACH THE FLYER TO BE SENT OUT TO THIS FORM

All room usage, maintenance and office staff assistance requests will have to be confirmed in advance of any event taking place with Beth Israel, along with the House Chair confirmation for date, time, kitchen, etc.

It is advised that advance planning (with a minimum of 1 month notice) is requested to avoid conflict with previously scheduled Beth Israel activities.

Reviewed with Office Administrator prior to being written on office Master Calendar

Approved by House Chair: _____ **Date:** _____