

Young Israel Shomrai Emunah

Room Set-up Form (6/2010)

Date Form Received _____ Date of Event _____ Start Time _____ Finish Time _____

of People _____ Submitted by: _____ Telephone # _____

Event Name _____

Room To Be Used (If Social Hall, please indicate 1/3, 2/3 or All) _____

Number/Shape of Tables needed _____ Number of Chairs per Table _____
(We have 10 8Ft. rectangular tables, seating 6 or 8; 11 5ft round tables, seating 10; 11 6ft round tables, seating 12)

Any Special Requirements _____

Please sketch layout of room desired on page below. If necessary, please use back of the form.

<Stairs to Lobby>

<Dairy Kitchen>

<Door to Lobby>

<Meat Kitchen>