

MONTEBELLO JEWISH CENTER
ROOM REQUEST FORM

RICHIE ORLANDO

Home: 845-356-6860

Cell: 845-825-7316

_____ Today's Date

DAY & DATE NEEDED: _____ **Time:** _____ to _____

COMMITTEE / PERSON USING ROOM _____

ROOM REQUESTED _____

CONTACT PERSON _____ PHONE # _____

TYPE OF PROGRAM _____

NUMBER OF PEOPLE EXPECTED _____ FOR KIDDUSH: INCLUDING CONGREGATION? _____

IS SETUP NEEDED? YES NO If yes, NUMBER OF CHAIRS _____ NUMBER OF TABLES _____

IS A CATERER BEING USED? _____

**PLEASE NOTE: CATERERS MUST BE SELECTED FROM THE APPROVED CATERERS LIST,
AVAILABLE IN THE SYNAGOGUE OFFICE.**

IF YES – CATERER'S NAME AND PHONE #: _____

NOTE: _____

REQUEST FORMS MUST BE SUBMITTED TO OFFICE TWO WEEKS PRIOR TO DATE NEEDED.

ROOMS ARE TO BE LEFT IN SAME CONDITION AS FOUND.

IF KITCHEN IS TO BE USED, YOU **MUST** CHECK WITH **RABBI ZIMBALIST** BEFORE FOOD IS
BROUGHT INTO THE KITCHEN. **PLEASE NOTE: WE ARE A NUT-FREE SYNAGOGUE.**

IF A SPECIAL SETUP IS REQUIRED, PLEASE MAKE A SKETCH ON BACK OF THIS FORM.
(THERE MAY BE A SMALL FEE FOR SETUP.)

NOTE: THE SANCTUARY SEATS 200 PEOPLE.

**FOR ADDITIONAL INFORMATION, PLEASE READ THE "RULES AND REGULATIONS, COSTS AND
REQUIREMENTS FOR KIDDUSH AND HOUSE EVENTS" HANDBOOK. THE HANDBOOK IS
AVAILABLE AT THE SYNAGOGUE OFFICE.**



For Office Use Only:

APPROVED BY _____

Noted in Calendar Book _____

FEE (IF ANY) \$ _____

Copy to: Juan _____ **Richie** _____