

TEMPLE OF AARON SIMCHA PLANNING FORM

Please complete and return to Executive Director, Two Weeks before event.

Date of Event: _____ Sponsored by: _____

Type of Event: _____

Number attending: Adults _____ Children _____ Total _____

Person in charge of event: _____

Address _____

Phone _____ (home) _____ (work) _____ (cell)

Room(s) Location: _____

Style of tables & number of each: Round _____ Oblong _____
(Synagogue has 25 round tables (seats 10) and 30 banquet tables (seats 8))

Audio needs: Microphone _____ Electric Keyboard _____ Speakers/stand _____

Other (specify) _____

KITCHEN: Caterer: _____ Contact: _____ Phone: _____
(Menu must be submitted to Executive Director 10 days prior to event)

Meal: Milk _____ Meat _____

(No home prepared goods can be served with meat meal)

FLORIST: _____ BAKERY: _____ CANDY SUPPLIER: _____

PHOTOGRAPHER: _____ VIDEOGRAPHER: _____

**The Temple of Aaron is not responsible for the loss or theft of clothing or personal articles.
The Temple of Aaron shall be paid a facility fee based upon the number of chairs in your floor plan.**

The Board of Directors of Temple of Aaron has established a policy that congregational facilities cannot be used by members whose total obligations are not current 30 days prior to the event.

**The renter agrees to hold the Temple of Aaron harmless for any claims on any account, and particularly, on account of injuries, death or damage occasioned out of the use of Temple of Aaron facilities.
(Consider adding a floater to home insurance policy.)**

Signature _____ Date _____