

Please submit this form at least 7 days in advance of your event to the main office.

SHELTER ROCK JEWISH CENTER

272 Shelter Rock Road, Roslyn, NY 11576

www.SRJC.org

Phone: 516-741-4305 Fax ; 516-741-0802 email: admin@srjc.org

SCHEDULING & MEETING SET UP REQUEST FORM

Name of Function: _____

Date Submitted: _____ **Day(s) & Date(s) of Function:** * > _____

Requested by: _____ > _____

Telephone: _____ > _____

E-mail: _____ > _____

> _____

**If you have more than 5 dates, please use additional form(s).*

Start Time: _____ End Time: _____ No. of Attendees anticipated: _____

Please attach a copy of your flyer, meeting notice, etc.

Room or Area Requested – please check off:

____ Auditorium – lower level
____ Breakfast Room
____ Small Sanctuary
____ Nursery School Atrium

____ Library – lower level
____ Youth Lounge
____ Religious School Lobby
____ Other: _____

Refreshments – please check off:

____ Coffee
____ Tea
____ Cold soda or seltzer

____ Cookies
____ Cold Cups
____ Hot Cups

____ Other: _____

Room Set-Up – You may draw a diagram on the reverse of the desired set-up or our Maintenance Staff will set up as best they think.

Number of chairs: _____

Number of tables: _____

Other special requests: _____

Please advise immediately of cancellation or any major changes to this event.

For Office Use: ___EMS ___ Upcoming Events ___Website