

EVENT PLANNING FORM

All requests must be submitted and approved at least 4 weeks prior to event.

Final Details must be in 2 weeks prior to event.

Group: _____

Contact: _____ Email: _____

Event: _____ Date _____ Hours: _____

Room(s) Requested: _____

Room Setup Needed by (date & time): _____

Items Needed (see back side)

Please draw your setup in the space below.

		Stage
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Vendor/Caterer: _____ Phone # _____

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**Please be sure to have each vendor provide us with a current certificate of liability insurance*

CHECKLISTS

___ Projector (*please note we do not provide computer/laptop*)

___ Screen

___ Podium w/ Mic

___ Handheld Mic

___ American Flag

___ Israeli Flag

___ Coffee Setup (circle one) Decaf Regular Both

___ Water Setup

Number of Chairs _____

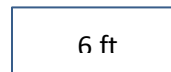
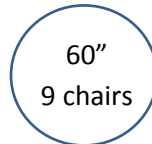
Total Number of 60" Rounds (seats 8-10) _____

Total Number of 72" Rounds (seats 10-12) _____

Total Number of 6' Tables _____

Total Number of 8' Tables _____

Please mark tables accordingly in your drawing



Additional Notes:
