Temple Sinai B'Nai Mitzvah Information Forms

| Date of Event: | | |
|---------------------------------------|--|---|
| Part 1: Family Name(s): | | |
| Phone Numbers: (Home) | (Mother: Cell) | (Father: Cell) |
| Email Addresses: (Home) | | |
| (Mother) | | _ (Father) |
| Home Address: | | |
| Part II: Friday Evening | | |
| Will you be hosting a Friday Evenir | ng Dinner at the synagogue | e? (Circle One) YES NO |
| | If No, Please skip | to Part III (next page). |
| Time: Dinner begins: | Dinner ends: | |
| Number of Guests Expected: Children | Adults | Total: |
| Requested Location (Please cir | cle) Conference Room | Auditorium Bay (over 40 guests) |
| Who will set up the above room(s)? _ | | |
| How many tables and chairs v | vill you need? Tables | 60" (seats 10) or 72" (seats 12) Chairs |
| (Please use the diagra | am on the last sheet to show | layout of tables and chairs.) |
| Will you need Friday morning access t | to the above room for decora | ating purposes? (Please circle) YES NO |
| If yes, when? (Please list date | and time) | |
| All set-up for Friday e | evening <u>must be</u> complete b | y 2:30PM on Friday afternoon. |
| Caterer: | Contact person: | Phone # of caterer: |
| Delivery of Food: Date: | Time: | _ Meal (Circle One): MEAT DAIRY PAREVE |
| | ood must be delivered <u>befo</u> nu must be submitted to the | <u>re</u> 3PM Friday afternoon. office no less than 2 weeks ahead of the event |
| Who will supply tablecloths (y | vou or caterer)? | |
| Will food need to be warmed | before serving/access to ma | in kitchen? (Circle one) YES NO |
| Have you hired a server(s)? | YES NO | |

PART III: Shabbat Morning

Will you be ordering fresh flowers for the Bimah? (Please circle) YES NO

If yes, who is florist: ______ When is delivery? _____

Will you be ordering "Because We Care" baskets for the bimah? (215.635.4774 to order) YES NO

The B/M fee entitles the B/M family to be listed as the sponsor of the basic Kiddush (cake, cookies and juice for up to 50 guests) which follows the service. This simple Kiddush can be extended into a luncheon <u>at the family's expense</u>.

Will there be an extended Kiddush/Luncheon? (Please circle one) YES NO

Number of guests you expect to attend services: _____ adults _____ students **Please answer this question even if your celebration plans are elsewhere.

If you answered No to extended kiddush, please skip to Part IV (next page).

If your Kiddush is being sponsored by someone other than yourselves (the BM family), please specify here:

| Phone and/or Email of Sponsors: | | |
|--|---|-----------------------------------|
| Will the congregation be included in your lund | cheon? (Please circle) YES NO | |
| Number of Invited Guests: | | |
| Will you be using Men in the Kitchen to cater | your extended Kiddush/Luncheon? | (Please circle) YES NO |
| If using a different caterer, please provide nar | me and phone number: | |
| Caterer: | Contact Person: | Phone: |
| (Food being served during Shabbat <u>n</u> | nust be delivered to the synagogue | before 3:00PM Friday afternoon.) |
| Delivery of Food: Date: | Time: | |
| Meal: (Please circle) MEAT DAIRY | PAREVE | |
| Full menu is needed in the office <u>i</u> this sheet | <u>no later than</u> 2 weeks before the | e event or you may attach menu to |
| Will the leftover food be stored at | Temple Sinai until Sunday morni | ng? (Circle one) YES NO |

Music: There are a limited number of musical options available for Shabbat. **Please call the main office for more information.

Please be aware that if candy will be served at your affair, it must be kosher and may not be dairy if the meal being served is a meat meal. This rule also applies to candy which will be used in center pieces, for display purposes or given away as a party favor.

(please attach a complete listing, including candy to be included in center pieces)

Part IV: Saturday Evening Event

Please be aware that <u>no</u> Saturday evening celebration can be planned at Temple Sinai without first consulting with the Rabbi regarding a <u>start time</u>. **A copy of your invitation which includes an evening party <u>must</u> be submitted to Rabbi for approval.** This must be done for <u>any</u> Saturday evening celebration at Temple Sinai.

Families celebrating a B/M service which will take place on Shabbat afternoon (as part of a Mincha/Ma'ariv/Havdalah service) are required to host a Saturday evening affair at the synagogue. For these families and for those who <u>elect</u> to have a Saturday evening affair at the synagogue, as well as for those families whose B/M services will take place on a Sunday morning, we ask that you provide the following information:

Will you be hosting an evening event at Temple Sinai? (Circle one) YES NO

What locations do you need for your main event ? (Circle all rooms that you would like to use)

| | Auditoriums | 1 | 2 | 3 | Main Hallway (between Sand | ctuary/Auc | litoriums) | Conference Room |
|---------|-----------------|-------|------|----------------|----------------------------------|--------------|--------------|-----------------|
| | Do you need | addi | tio | nal space fo | r your event? (Circle one) YE | S NO _ | | |
| Where | will the childr | en be | e? | (Circle one) | IN SPACE WITH ADULTS | OTHER _ | | |
| | Will there be | spec | cial | activities fo | r the children? (Circle one) | YES NO | | |
| | Who will be s | super | rvis | sing the child | dren? | | | |
| Numbe | r of Guests ex | pect | ed | Adults: | Children: | | Total: | |
| | When will Gu | lests | ar | rive? | When w | vill the eve | nt conclude? | |
| Party P | lanner/Decor | ator: | | | | | Phone: | |
| Catere | : | | | | | | Phone: | |
| Entert | ainment: | | | | | | | |
| | DJ/Band: | | | | | | Phone: | |
| | When will the | ey ne | ec | access to o | ur facilities for set up (date 8 | time)? | | |

Will you be Draping? YES NO

If yes, please know that plans must be approved by the Executive Director well in advance.

Are you renting chairs, tables, stools for your event? YES NO

The delivery, storage & setup of these items can be difficult to accommodate. ANY arrangement for this type of rental/delivery MUST BE reviewed by the Executive Director, a minimum of 90 days in advance of delivery and is subject to the Executive Director's approval.

| Florist: | Phone: |
|--|----------|
| When will they need access to our facilities for set up (date & time)? | |
| Other Vendor: | _ Phone: |
| When will they need access to our facilities for set up (date & time)? | |
| Other Vendor: | Phone: |
| When will they need access to our facilities for set up (date & time)? | |
| Office Use Only: are there insurance contracts on file for the above vendors? YES NO | |
| If no, which ones still need to send contracts for our files? | |

Please attach copy of Menu for event (we ask that you list everything, including candy to be included in center pieces)

Full menu is needed in office <u>no later than</u> 3 weeks before event.

End of Evening

| When are your guests expected to leave? | |
|---|--|
|---|--|

| When are the vendors expected to leave? |
|---|
|---|

Security

Please be advised: the number of security people hired for an evening event will depend on the number of people attending and the type of activities taking place.

The scheduling of security persons will be arranged by the Executive Director and the cost will be billed separately to the B/M family.