

CONGREGATION KOL SHOFAR

EVENT CALENDAR RESERVATION FORM

EVENT: _____

EVENT DATE: _____ FROM: _____ A.M./P.M. TO: _____ A.M./P.M.

YOUR NAME: _____ DATE SUBMITTED: _____

PHONE: _____
HOME WORK E-MAIL

CONTACT INFO: (CATERER, ETC.) _____

FOOD: (IF APPLICABLE) _____

PERSON RESPONSIBLE FOR CLEAN-UP _____

STAFF USE ONLY

DATE OF EVENT

CHANGE (PLEASE SPECIFY)

Date ____ Time ____ Room ____

CANCELLATION

EXEC. DIR

MASTER CALENDAR

KIRK KIM

RABBIS (MARCY)

YOUR EVENT LOCATION

- BK KATAN 100 106 200
- LIBRARY 102 107 202
- BEIT AM 104 108 ANNEX
- BEIT KNESSET 105 110 _____

OPENING (NAME/TIME) _____

CLOSING (NAME/TIME) _____

STAFF NOTES:

APPROXIMATE NUMBER OF PEOPLE EXPECTED: _____

SETUP COMPLETED BY: _____ TIME: _____ A.M./P.M.

SETUP: (PLEASE SKETCH A DIAGRAM AND LABEL TABLES, CHAIRS, LANDMARKS, ETC. THIS WILL HELP FACILITATE SETUP.)



COMPLETE & RETURN THIS FORM TO: Congregation Kol Shofar, Attn. Sharon Brusman
 215 Blackfield Drive, Tiburon, CA 94920 415.388-1818 x10 or (fax) 415.388-5423 or
 email to: sbrusman@kolshofar.org