

GLEN ROCK JEWISH CENTER
682 Harristown Road, Glen Rock, NJ 07452
Tel. 1-201 652-6624
Fax. 1-201 652-6628

REQUEST TO USE FACILITIES

REQUEST MUST BE SUBMITTED TO THE HOUSE COMMITTEE A MINIMUM OF 35 DAYS PRIOR TO THE DATE OF USAGE. APPROVAL OF THIS REQUEST **MUST** BE MADE BY BOTH THE HOUSE AND CALENDAR COMMITTEES, BEFORE AN EVENT CAN TAKE PLACE.

REQUESTED DATE OF USE: _____

COMMITTEE _____

CHAIR/CONTACTPERSON _____

TEL./CELL NUMBER _____

EVENT: _____

FACILITIES REQUESTED (SOCIAL HALL, YOUTH LOUNGE, ETC.)

TIME _____

SET-UP REQUIRED. (MICROPHONES, CHAIRS, TABLES, TABLECLOTHS, ETC.) PLEASE BE SPECIFIC.

IS CUSTODIAN NEEDED? _____?

NAMES OF PEOPLE WHO WILL HELP.

FOOD WILL FOOD BE SERVED? _____ Yes _____ No

IF FOOD IS TO BE SERVED, COMMITTEE MUST PROVIDE HELP IN PREPARATION, SERVICE AND CLEAN UP.

MEAT

DAIRY

PARVE

NAME OF CATERER _____

REQUESTED BY: _____

DATE: _____

NOTES: RENTAL FEES AND EXPENSES ACCORDING TO THE CONTRACT, WHEN APPLICABLE.

WHEN FORM IS COMPLETED, PLEASE RETURN TO TEMPLE SECRETARY FOR SUBMISSION FOR APPROVALS.

APPROVALS: HOUSE COMMITTEE _____

CALENDAR COMMITTEE _____

RABBI TOW/RITUAL COMMITTEE _____

CHANGES CAN BE MADE NO LATER THAN 5 DAYS PRIOR TO THE EVENT.



GRJC Publicity Form

Event Title:

Date:

Time:

Place:

Who is the event for:

Is there a fee:

One or two sentences describing the event and why it is special: