

FACILITY USE REQUEST FORM

Fill out this form and turn in with a signed copy of the Facilty Use Policy. Form must be filled out for

lite-cycle	·	events taking i@kesserisrae	-		Kesser Israel. Contact
Today's Date:	First Name:	Last Name:			
Home Address:				1	
City:			State:		Zip:
Email Address:			Home Phone: Cell Phone:		
Date of Event:			Time of Event:		
Type of Event:			Expected # Attendees (including kids 2+):		
Rooms Requested:	M	lain Sanctuary		_ Kitchen	Children's Area
Will Food be Serve	d? Yes _	No			
I plan to cook/prepare food myself			Food is being catered by Century Catering		
What type of food will be served? Dairy			Fleishig _	Parve	
If self-catering in	the Kesser Kitchen,	_	s may apply n Kosher.	and kitchen (activities must be approved by
Are you a member	of Kesser Israel?	Ye	es	No	

