Date Reservation form

Date: _____ Start Time: _____ End Time: _____

Room: _____

I have a key: Y / N I need someone to help open/close the building: Y / N

Why?: _____

Group sponsoring meeting/event: _____

Type of meeting/event: _____ Expected attendance: ____

Contact person: _____ Phone number: _____

Special needs for meeting/event (chair set-up, food, etc): _____

_____

_____

_____

_____

_____

_____ _____

Signature Date

This form must be submitted to the Or Shalom office at least 2 weeks prior to event date

For office use only

_____ _____ _____

Date received Received by put on calendar

Key out _____ initial _____

Key in _____ initial _____

Congregation Or Shalom 835 Darby-Paoli Road Berwyn PA 19312