Congregation Netivot Shalom Room Use/Responsibility Form

This form is to be filled in and attached to the calendar entry on the Congregation Netivot Shalom internal administrative calendar.

Name of Event:

Description of Event:

Date(s) and duration:

Recurrence, if any (e.g., every Monday):

Room(s) reserved: Numbers of attendees expected:

Food or drink to be served? Yes \_\_\_ No \_\_\_

If yes, name of caterer or person responsible for food service: \_\_\_\_\_\_\_\_

Security to be on site? Yes \_\_\_ No \_\_\_\_

Congregation Netivot Shalom (CNS) Event: yes \_\_ (fill in box 1 below) no \_\_ (fill in box 2 below)

CNS Event (sponsored by the congregation or one of its committees, or arranged by a member of the staff):

Sponsoring committee, congregant(s), or staff member:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person responsible for compliance with guidelines including cleanup and closure of the building:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-CNS Event (rentals and complimentary uses by congregants &/or organizations other than CNS)

Sponsoring organization or person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNS staff liaison to the sponsoring person of organization for the event (REQUIRED):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Written rental arrangement: Yes \_\_\_ No \_\_\_ Amount charged (if any) for use $ \_\_\_\_\_\_\_\_\_\_

Person responsible for compliance with guidelines including cleanup and closure of the building:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_