**Room Use Responsibility Form**

|  |  |
| --- | --- |
| Name of Event:  |  |
| Date of Event:  |  |
| Setup time for Event (if needed): |  |
| Time frame of Event (beginning and estimated end): |  |
| Reoccurrence (if any, ex. Every Monday): |  |
| Number of Attendees expected: |  |
| Food/drink to be served? Name of caterer:  |  |

Will you need security on site? *If yes, please be sure to contact facilities coordinator Cathy Shadd Rosenfeld at* ***cathy@inventek.com******.***

**For a CNS event:**

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 # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For a non-CNS event:**

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 # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_