

E-BLAST EVENT REQUEST

Please return completed form to: Temple Beth Israel – 567 Bay Isles Rd. Longboat Key, FL 34228

EVENT INFORMATION

Today's Date: ___/___/_____

Your Name: _____ Signature: _____

Event Name: _____ Date of Event: ___/___/_____

Date(s) announcement to be published:

Requestor Name: _____

Requestor Group: _____

REQUEST FOR E-BLAST/CHANGE

Anticipated time to set up/break down: _____

Arrival Time for set-up: _____ am / pm Tear down finished by: _____ am / pm

Do you require the use of the A/V and sound system? (circle one) yes / no
(Note only authorized personnel may operate the sound system.)

Equipment requested: Tables Qty: _____ Chairs Qty: _____ Table Cloths? Yes / No Qty _____
Specific Color? _____

Other equipment: _____

***Will you be requiring the services of David or Terry?** (circle one) yes / no

If so, please list services required: _____

****If not requesting services of David or Terry please remember that the responsibility for set-up and clean-up must be accepted by the group sponsoring the event. We ask that you leave the facility in the same condition you found it or better. All equipment must be returned to its original location immediately following your event.***

(Office Use Only Below This Line)

Event request has been reviewed and approved on _____ **Date:** _____

V.P. of Administration – Allan Goldfarb

Executive Director – Isaac Azerad