

SYNAGOGUE / ROOM / CATERING RESERVATION AGREEMENT

This agreement made between CSAIR, for the purposes of religious / Simcha use and:

NAME: _____ MADE THIS DATE OF: _____

ADDRESS: _____

HOME PHONE # _____ CELL PHONE # _____

DATE OF SIMCHA / RECEPTION _____ TIME: _____

TYPE OF SIMCHA / RECEPTION: *(Please indicate 1 or more)*

Providing Congregational Kiddush _____

Basic Kiddush _____

Enhancing Congregational Kiddush _____

Private Reception Lunch/Dinner _____

TEMPLE FACILITY REQUESTED: SANCTUARY _____ SOCIAL HALL _____ TAUB Room _____

OTHER CSAIR FACILITIES _____

KITCHEN: MEAT _____ DAIRY _____

CATERER _____ APPROX. # GUESTS _____

(Caterer must be on our approved panel of caterers)

FLORIST _____ PARTY PLANNER _____

BAND/DJ _____ PHOTOGRAPHER/VIDEOGRAPHER _____

All vendors must carry sufficient insurance to indemnify the Congregation in the event of an incident.

In consideration of the sum of \$ _____ *(Determined by CSAIR)* the above facilities for the date indicated and for the purposes noted will be reserved.

DEPOSIT/PAYMENT: (For Office Use Only)

Amount Received: _____ Date Received: _____

BALANCE DUE: _____

Please note that full payment is required at least three months in advance of event (including the security guard charge - if applicable). Security Fee \$ _____

PLEASE COMPLETE, SIGN AND RETURN THIS CONTRACT

CONSERVATIVE SYNAGOGUE ADATH ISRAEL

SYNAGOGUE MEMBER OR HOST

By: _____

Jennifer Knobe
Executive Director

By: _____

Date: _____