

Application for Rental of Temple Ahavat Achim Facilities

Name of Family or Organization:

Address: _____

Are you a member of Temple Ahavat Achim? _____

Primary Contact:

Name: _____

Phone: _____ fax _____

Cell: _____

Email: _____

Secondary Contact:

Name: _____

Phone: _____ fax _____

Cell: _____

Email: _____

Type of Event: _____

(Wedding, Fundraiser, Bar/Bat Mitzvah, etc.)

Given in Honor of: _____

Date of Event: _____

Start Time: _____

End Time: _____

Expected Total Number of Guests: _____

Signature of Applicant: _____ **Date:** _____

Received by (Temple Representative): _____ **Date:** _____

This document shall be returned electronically to the Applicant within 72 hours of submitting it to the temple office.

Approved: _____

Not Approved: _____

Rabbi Signature: _____

DCLP Signature: _____

For Office Use:

Name of Applicant

Organization

Address

Telephone/FAX

____ (____) _____

Signature of Lessee _____

Date _____

Prepared by _____

Date _____

Notes: _____

Deposit Received: _____ \$ _____ Check # _____
Date Amount

1st Payment: _____ \$ _____ Check # _____
Date Amount

2nd Payment: _____ \$ _____ Check # _____
Date Amount

Deposit Returned: _____ \$ _____ Check # _____