

TAA RENTAL AND USE AGREEMENT

*Thank you for choosing Temple Ahavat Achim for your event. The policy and procedures listed in this document and the **Facilities Rental and Use Policy** are to be adhered to without exception. Temple Ahavat Achim maintains the right to refuse the renting of TAA facilities and equipment.*

To finalize and confirm your reservation, please fill out, sign and return this form to the Temple office with your payment of 50% of your rental costs in the amount of \$ _____. Please keep a copy of this agreement for your records.

The Temple requires a security deposit for any damages to the property, building, furnishings, fixtures, or appliances caused by the outside users. The security deposit required for your event is \$ _____ due by _____ (date). This amount will be fully refunded within 30 days after your event, provided that a Temple employee or representative has inspected the facilities utilized and has indicated no found damage.

It is required that the \$ _____ balance of the total charge of \$ _____ be paid on or before _____ (date). Should payment not be received by the designated date, Temple Ahavat Achim reserves the right to cancel the function.

The Temple will be open 2 hours prior to your event for set-up purposes and 2 hours after for clean-up. The maximum time allowed for your event is _____ hours from _____ to _____ am/pm.

LIABILITY

Applicant agrees to indemnify and hold Temple Ahavat Achim and its employees harmless from any and all claims for loss, injury, or damage to person and property while on the premises. Assigned Temple personnel have the responsibility and authority to protect the welfare and safety of all Temple guests and the maintenance of the Temple facilities. Designated Temple personnel are in charge of the Temple and they may act on behalf of the Temple during events. Designated Temple personnel will carry out their duties in a respectful manner towards guests and vendors. Charges for any damages to Temple Ahavat Achim by any third party contractors (i.e. photographers, florist, DJ, etc.) are the financial responsibility of the individual or organization signing this agreement.

VENDOR'S AGREEMENT

The Applicant is required to notify all vendors that a Certificate of Insurance is required to use Temple Ahavat Achim facilities. The certificate with a minimum amount of \$1,000,000 must name Temple Ahavat Achim as the additional insured. This certificate must be presented to the Temple office one week prior to the event.

I/We have read and agree to the above stated rules and the requirements of the Facilities Rental and Use Policy and the Facilities Rental and Use Agreement.

Print Applicant Name: _____

Signature of Applicant: _____ Date _____

I/We have read and agree to the above stated rules and the requirements of the Facilities Rental and Use Policy and the Facilities Rental and Use Agreement.

Print Applicant Name: _____

Signature of Applicant: _____ Date _____

Daytime phone number (_____) _____

Evening phone number (_____) _____

Cell number (_____) _____

Specifications and Details of Event

Please indicate below all facilities/rooms of the temple you would like to rent for your event.

____ Upstairs Sanctuary (maximum occupancy – 150)

____ Upstairs Social Hall (maximum occupancy – 150)

(Combined occupancy for SH and Sanctuary = 300)

____ Balcony

____ Expansion Space(s) 1 2 3

____ Upstairs Kitchen (used only under temple rep. supervision)

____ Downstairs Beit Midrash (maximum occupancy – 60)

____ Downstairs Kitchenette

____ Downstairs Lobby (Schmoozatorium) – does not include classrooms or offices

____ Meeting/Classroom – does not include use of Lobby furniture or carpeted areas.

Please indicate what equipment is needed for the event:

____ Audio/Visual Equipment

____ Microphones

____ Projector / Screen

____ Other _____

Will food be served at the event? _____

What style of dining are you planning?

____ Banquet Seating ____ Standing Reception ____ Buffet

Do you plan to serve alcohol at the event? _____

Will you have a parking attendant/s? _____

Please provide the company name and contact information for all vendors providing services at the event.

Type of Vendor: _____ Company: _____

Contact: _____ Phone: _____

Type of Vendor: _____ Company: _____

Contact: _____ Phone: _____

Type of Vendor: _____ Company: _____

Contact: _____ Phone: _____

Schedule of Deliveries and Event Outline

Type of Delivery _____

Date: _____

Time: _____

Type of Delivery _____

Date: _____

Time: _____

Type of Delivery _____

Date: _____

Time: _____

Type of Delivery _____

Date: _____

Time: _____

Please outline the schedule of the event in the space below: