

TSTI FACILITY REQUEST FORM

Please return completed form to the office: kpatton@tstinj.org as far in advance of the date requested as possible.

Please note: YOUR DATE IS NOT RESERVED UNTIL Temple receives a 50% deposit and a signed contract.

1. Name _____ Today's Date _____

2. Address _____

3. City _____ State _____ Zip _____

Phone _____ Email _____

4. Date Requested _____

5. Time of Day : Start _____ End _____

6. Type of Event

Bar/Bat Mitzvah

Wedding

Baby Naming Baby Bris

Meeting

Other _____

7. Facilities needed (please check all locations that you are requesting)

Ballroom

Mansion Terrace Yes No

Atrium

Sanctuary

Gellis-Green Chapel

8. Number of people attending _____

9. Facility Tour? Yes No

10. Special requests _____

For Office Use ONLY:

Issues/Concerns _____

Approved _____ Date Contract Sent _____