



**TEMPLE BETH SOLOM**  
**1809 WHITNEY AVENUE**  
**HAMDEN, CONNECTICUT 06517**  
 203-288-7748  
 Fax 203-288-0582

**BOOKING THE DATE**

Name of \_\_\_\_\_  
 Honored Person(s): \_\_\_\_\_

Renter's Name \_\_\_\_\_  
 Member     Non-member

**What type of event are you going to have?**

- Bar/Bat Mitzvah (Include) →  Oneg Shabbat  
 Wedding/Aufruf    Kiddush     Basic     Extended  
 Baby Naming/ Brit Milah     Other/Non Religious

**Vendors:**

**Caterer/Food Store** \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

**Entertainment** \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

**Decorator** \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

**Structure/Tent** \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

**Other/Misc** \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

<b><u>Please call Rental Chairperson for help filling in this area</u></b>	
<b><u>1<sup>st</sup> Day or AM / PM</u></b>	<b><u>2<sup>nd</sup> Day or AM / PM</u></b>
Event Date: _____	_____
Start Time: _____	_____
End Time: _____	_____
# of guests for <b>Saturday Kiddush</b> _____ + 50 = _____	
# of guests for <b>Friday Oneg Shabbat</b> _____ + 50 = _____	
Facility (Day/Period) _____	\$ _____
Social Hall (Day/Period 1) _____	\$ _____
Social Hall (Day/Period 2) _____	\$ _____
Oneg Shabbat _____	\$ _____
Kiddush (Extended) (See info sheet) _____	\$ _____
Structures/Tent (Site Rental) _____	\$ _____
Non Member Security Deposit _____	\$ _____
Total _____	\$ _____
\$150 due 90 days before event _____	\$ _____
Balance due 60 days before event _____	\$ _____
Unforeseen items/charges _____	\$ _____

**I/We have read the newest version of the "RENTAL CONTRACT Facilities-Terms & Conditions".  
 I/We understand it and will abide by it.**

Renter/Guarantor (Sign) \_\_\_\_\_ (Print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ additional contact for use during the week before your event.