

**AGUDAS ACHIM CONGREGATION
REQUISITION FOR FACILITIES**

DATE OF EVENT _____ TIME: FROM _____ AM/PM TO _____ AM/PM

NAME OF EVENT _____

SPONSORING GROUP _____

EVENT COORDINATOR _____ HOME PHONE _____

BUSINESS PHONE _____

ROOM REQUESTED _____ NUMBER OF PEOPLE EXPECTED _____

ITEMS NECESSARY FOR EVENT

SET-UP TIME _____

FLIP CHART _____

TABLES: 8 FT LONG TABLES _____ (QUANTITY)

SPEAKER'S PODIUM _____

ROUND TABLES _____ (QUANTITY)

MICROPHONE _____

TABLECLOTHS _____ (QUANTITY)

EASEL _____

TABLE SKIRTS _____ (QUANTITY AND COLOR)

CHAIRS _____ (QUANTITY)

SPECIAL REQUESTS _____

FOOD TO BE SUPPLIED BY: _____ HAS MIRZA BEEN NOTIFIED? _____

FOOD COORDINATOR _____ CATERER _____

SPECIAL REQUESTS AND INSTRUCTIONS:

PLEASE DRAW DIAGRAM OF SET-UP ON SEPARATE PIECE OF PAPER

REQUISITION COMPLETED ON [DATE] _____ BY _____

For Office Use

CALENDARED ON _____ BY _____