



Temple Shalom  
 8401 Grubb Road  
 Chevy Chase, MD 20815  
 301/587-2273  
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***ROOM RESERVATION REQUEST (ONE FORM PER EVENT)***

ALL ROOM RESERVATIONS REQUIRE THIS FORM TO BE COMPLETED AND SUBMITTED AT LEAST (3) BUSINESS DAYS IN ADVANCE OF EVENT.

Today's Date \_\_\_\_\_ Date Received \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 On Line Calendar to Read: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Committee: \_\_\_\_\_  
 Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Type of Function: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_  
 Requested area(s)/room(s): \_\_\_\_\_ Alternate: \_\_\_\_\_

**Set-Up Style (for rooms without permanent arrangements)**

**Room Set-Up Sketch**

- Check whichever applies:  
 Theatre Style  
 (chairs in rows, facing a head table)  
 U Shape  
 Individual Tables & Chairs  
 Chairs in Circle  
 Board Meeting Style  
 (table in square/rectangle,  
 with chairs on outside)  
 Other

□-table      ○-chair      M-mike

Special Equipment \_\_\_\_\_  
 Food Set-Up \_\_\_\_\_ Coffee & Tea for how many people \_\_\_\_\_  
 Who will responsible for Set Up and Clean Up \_\_\_\_\_

\*\*\*\*\*IF THE PROGRAM IS CANCELLED, PLEASE NOTIFY US IMMEDIATELY.\*\*\*\*\*