



Beth Chaverim Reform Congregation
21740 Beaumeade Circle, Suite 100
Ashburn, Virginia 20147

FACILITY RESERVATION REQUEST FORM

Today's Date _____

This contract is made between Beth Chaverim Reform Congregation (hereafter referred to as the Congregation) and:

Name _____
Hereafter referred to as Renter

Phone (_____) _____ Email _____

Address _____

City _____ State _____ Zip _____

Event Coordinator or Alternate POC _____

Phone (_____) _____ Email _____

Address _____

City _____ State _____ Zip _____

This contract contemplates use of the following Congregation facilities (check all that apply):

- Social Hall Half Social Hall Small Sanctuary Lobby Kitchen

Classroom Number (circle): 1 2 3 4 5 6 7 8 9 10 11 12

On _____ 200____, from the hours of _____ am/pm to _____ am/pm
(date of event)

Purpose of event: _____

Number of attendees: _____ Catering: _____

Kitchen requirements: _____

Tent (Location and Size): _____ (per Beth Chaverim Guidelines)

Music: _____ Photography: _____ Decorations: _____ Flowers: _____

Miscellaneous support needs: _____