



**MELROSE B'NAI ISRAEL EMANU-EL**  
 8339 OLD YORK ROAD 215-635-1505  
 ELKINS PARK, PENNSYLVANIA 19027-1515 WEBSITE: WWW.MBIEE.ORG

**MBIEE EVENT FORM**

Date: \_\_\_\_\_  
 Date of event: \_\_\_\_\_ Time: from \_\_\_\_ to \_\_\_\_  
 Room or rooms \_\_\_\_\_  
 Event coordinator(s) \_\_\_\_\_ Phone # \_\_\_\_\_  
 MBIEE \_\_\_\_ Men's Club \_\_\_\_ Sisterhood \_\_\_\_ Adult Ed \_\_\_\_  
 Ritual Committee \_\_\_\_\_ Other \_\_\_\_\_

1. On MBIEE calendar \_\_\_\_\_
2. On KI calendar \_\_\_\_\_
3. Will you be serving food? (Y/N) In house preparation (Y/N)  
 Caterer\*\* (Y/N) Name of caterer \_\_\_\_\_
4. Layout for the room (Please use reverse side). Must be turned in at least a week, preferably 10 days in advance
5. What else is needed? Podium \_\_\_\_ Microphone \_\_\_\_\_  
 AV or Other \_\_\_\_\_
6. Outside help: Sam \_\_\_\_ Other \_\_\_\_ n/a \_\_\_\_  
 Certificate of insurance\* \_\_\_\_\_
7. Supplies to be used \_\_\_\_\_
8. Cleanup Staff \_\_\_\_\_

I have read the rules and regulations \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_

- \*\* see list of approved caterers in handbook
- \* when necessary – see facilities coordinator

Facilities coordinator for this event \_\_\_\_\_  
 Kitchen committee member assigned \_\_\_\_\_  
 Approved \_\_\_\_\_ Date \_\_\_\_\_

No event is authorized without a completed and approved form.