

**LANDFIELD AVENUE SYNAGOGUE**

**JEWISH GENERAL AID ASSOCIATION**

**CONGREGATION TIFERETH ISRAEL**

P.O. BOX 410  
18 LANDFIELD AVENUE

PHONE: (845)794-8470



**HALL RESERVATION FORM**

- Name .....
- Address .....
- Phone .....

Date of Simcha \_\_\_\_\_ Approximate time for Set-up \_\_\_\_\_  
 Time for Simcha \_\_\_\_\_ (standard time 5 hrs.) Time for locking up \_\_\_\_\_  
 Caterer's Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervising Rabbi \_\_\_\_\_  
 Approximate number of guests \_\_\_\_\_

(A letter of supervision must accompany this form for the Rabbi to review)

**Fees:**

- |  |                     |              |
|--|---------------------|--------------|
| 1. Hall Rental   | (circle one) member | <b>\$400</b> |
|  | non-member          | <b>\$500</b> |
| 2. Minor Table and Chair Set-up & Removal (we do not provide tablecloths)<br><i>(Please discuss your preference with custodian in advance)</i>                         |                     | Included     |
| 3. Mechitza (Simple, approx. 35 ftL x 6 ftH)   |                     | Included     |
| 4. Custodial Supervision ( <b>NOT OPTIONAL</b> )<br><i>(For the safety and benefit of both you and your guests)</i>  |                     | <b>\$100</b> |
| 5. Mashgiach Fee: If all food is prepared with an approved Hashgocho, then our Hashgocho fee is <b>Minimum. No charge for kitchen use</b>                              |                     | <b>\$50</b>  |
| * If any food preparation is done <b>at our Synagogue</b> , we require you to provide a <b>Mashgiach Temidi (acceptable to the Rabbi)</b> with a kitchen use charge of |                     | <b>\$50</b>  |
| and our Hashgocho fee of   |                     | <b>\$100</b> |

Arrangements may be made for a fee for rental of pots, pans, dishes, etc. and also for additional storage & usage per day for fridge/freezer/oven.

*Dining & Kitchen areas must be left clean, greaseless and dry.*

*If we need to clean after the Simcha additional fees will apply.*

**IT IS YOUR RESPONSIBILITY TO COMMUNICATE THIS TO YOUR CATERER**

6. Refundable Deposit – against damage to the hall. **\$100**

TOTAL \$ \_\_\_\_\_

\*In order to reserve the date, a 35% non-refundable deposit must be paid in advance.

Deposit - \$ \_\_\_\_\_

**We must receive the balance 7 days before the Simcha.**

BALANCE \$ \_\_\_\_\_

**I hereby agree to the above terms and conditions set forth.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*We hope our synagogue hall meets your needs. We strive to provide a Kosher and pleasant environment in which to celebrate all of your Simchas.*

*Thank you for your patronage.*

Approved by .....