

Special Events Form:

Name: _____

Telephone: _____

Email: _____

Type of Event: _____ **Date of Event:** _____
(bar/bat mitzvah, baby naming, etc)

Number of Guests: _____

Preferred Table set-up? Yes/No

Please include a diagram of how you'd like the tables arranged.

If one isn't provided, TOS will use their best judgment on the set-up.

Is this a catered event? Yes/No

Caterer's Name: _____

Phone Number: _____

If no, please provide the names of the people who are responsible for the set-up & clean-up of your event:

Please provide the following information where applicable:

Photographer Name: _____

Phone Number: _____

Arrival Date & Time: _____

Florist Name: _____

Phone Number: _____

Arrival Date & Time: _____

Additional people who may need access to the temple:

Name: _____

Service (ex: balloons, etc): _____

Phone Number: _____

Arrival Date & Time: _____

Any additional information that would be helpful:

Temple Ohav Shalom has, for your use

24 round tables (8 people per table)

200 chairs (blue)

10 8-ft tables

8 6-ft tables

2 5-ft tables

Please return this form **10 days prior to your event** to Jackie at jleicht@templeohavshalom.org, by fax 412-369-0699, or mail at TOS, 8400 Thompson Run Rd, Allison Park, PA 15101