

NORTHERN HILLS SYNAGOGUE KITCHEN USAGE FORM

TITLE OF EVENT: _____ DATE: _____

SPONSOR:

SYNAGOGUE _____ SISTERHOOD _____ RELIGIOUS SCHOOL _____
COMMITTEE _____ MEN'S CLUB _____
OTHER (PLEASE SPECIFY) _____

TIME: _____ APPROXIMATE NUMBER ATTENDING _____

CHAIRPERSON: _____ PHONE: _____

KASHRUT SUPERVISION: _____

NOTE:

The kitchen will contact the chairperson for additional details and to make necessary arrangements for purchases, set up, etc.

FOOD AND BEVERAGE MENU:

KITCHEN DATES: _____

PLEASE CIRCLE APPROPRIATE CHOICE

SET UP: BUFFET OR SERVED MEAL

TABLEWARE: CHINA OR PAPER

MISCELLANEOUS NEEDS: _____

It is important that no conflicts exist in scheduling events requiring kitchen usage. This form must be completed in sufficient time to allow for the necessary arrangements to be made.