

Congregation Kol Ami Building Use & ZOOM Request (10/23)

INFORMATION: EVENT NAME _____

Date(s) of Event _____ Hours of Event _____ Number of Attendees _____

Type of Activity _____ Sponsoring Organization _____

Please check: this meeting will be (in person only) (hybrid) (zoom only)

ZOOM INFORMATION (if zoom only – complete this section & go to final signature)

Event Zoom Master Note: This would be person responsible for zooming this event. They would be notifying any zoom attendees of the link and would be responsible for the zoom cart etc.

Name _____ Phone _____ e-mail _____

Please check: What zoom account will you be using? ((Personal) (CKA) (JCF)

The zoom link will be set to allow individual log in with out needing a “host” and the meeting default will be set so that anyone could share their screen.

If using a CKA or JCF zoom account the appropriate office will set up the zoom invitation and email it to the Event Zoom master listed above.

It will be that person’s responsibility to email the link to any participates attending the event listed above.

Other zoom information needed:

BUILDING USE SECTION

Additional Pre or Post Time needed (IF ANY) _____

For what purpose? (Ex: food storage, cooking, prep work, clean up, etc.) _____

RESPONSIBLE PERSONS:

Person Responsible for Event _____ **Signature** _____

Phone _____ e-mail _____

This Person will be Responsible for Safety & Security in an Emergency as well as Locking and Securing the Building at the end of the Day. This would include being sure all doors and windows are closed and locked, all lights are turned off, as well as alarming the building.

Note, if a Clean-up crew will be left in the building, the information for that person and/or organization is also needed.

SPACE NEEDED FOR EVENT

What space Will Be Required: Check all that apply

Sanctuary (L) (SM)	Snowiss Auditorium	Sadinsky Room
Kosher Kitchen (Meat) (Dairy)	Braunstein Social Hall	Storage
Library	Lower Kitchen	Outside or Lawn
	Plaque Room	Classrooms, number__

If **ONLY** for a meeting, with no use of a kitchen at all and no special set up, check here and proceed to “Other Comments”. **Remember that non-kosher food (including snacks, etc.) is never allowed in the Kosher Kitchen.**

Who Will Be Responsible for: (Check one for each of the next three items)

- ✧ Setting Up tables and chairs for your event (SELF) (CKA STAFF)
- ✧ Taking down tables and chairs from your event (SELF) (CKA STAFF)
- ✧ Cleaning up from your event (SELF) (CKA STAFF)
- ✧ Making sure any food brought into or prepared in the upstairs kitchen is Kosher: _____
- ✧ Checking Dry pantry before purchasing for event: _____
- ✧ **Observing laws of Kashrut while cooking in or Using the Upstairs Kitchen:** _____

What Property Will Be Required (include numbers)

Tables _____: Round Banquet Small Large Card

- Chairs # _____
- Zoom cart or other AV equipment please list: _____

For Kitchen use please indicate if meal will be (DIARY) or (MEAT) as you will need to use the appropriately marked items in the kitchen (dishes, cooking pots, utensils etc.)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Ovens/ Stove | <input type="checkbox"/> Freezer | <input type="checkbox"/> Large Mixer |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Coffee Machines | <input type="checkbox"/> CKA Tablecloths |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Small Mixers | <input type="checkbox"/> Other |

NOTE: Details on Set-up: Dishes, Glassware, Linens, Timing, etc. please list on the next page. Along with any diagram for table & chair set up or other explanations needed.

BASIC ONEG/BEVERAGE

Will you be needing gluten free? Non dairy creamer? Milk? Etc.? Please list all items requested:

OTHER COMMENTS:

Please be advised that filling out this form and requesting use of the facilities does **not** guarantee that the request will be granted. A building and facilities usage fee may be assessed. In the event of any last minute conflict or necessary change, contact the CKA Office or the Kitchen Coordinator.

Also, please remember that a Funeral will always take precedence.

Finally: The group or individual responsible for any event assumes responsibility for any damages.

Responsible Person's Signature: _____ **Date** _____

- Building Use Form on file
- Event on Master Calendar
- Confirmations sent to CKA and responsible person
- Zoom scheduled if appropriate

Please use this page for additional comments, or set up diagrams: Please use this page for additional comments,

EVENT DETAILS INFORMATION:

Date(s) of Event _____ Hours of Event _____

Name of Event _____ Type of Activity _____

If you are adding a diagram or notes, you will need to use the tools on the top left side: The 'circle swirl' is the drawing tool.