



# Agreement for Use of Facility

updated 03/01/2010

4238 St. Charles Avenue  
New Orleans, Louisiana 70115  
Phone (504) 895-4843 Fax (504) 897-0237  
tsmail@touro synagogue.com

Date: \_\_\_\_\_

Space is not reserved until signed form is returned to the Executive Director

**Please complete each applicable section:** **The following must be received by the Executive Director before the event:**

Organization: _____ Contact Name: _____ Day phone: _____ Evening phone: _____ Address: _____	<input type="checkbox"/> This Facility Agreement Form (ASAP) <input type="checkbox"/> Diagram of event floor plan (1-2 weeks before event) <input type="checkbox"/> All Liability/WC Insurance Certificates (1 month prior) <input type="checkbox"/> Detail listing of food to be served (at least 2 weeks before event) <input type="checkbox"/> An event schedule of activities, if appropriate (before event)
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**Complete Each Item:** **Mark any rooms/services needed to have an estimated cost determined:**

Event: _____ Event Date: _____ Event Start Time: _____ Event End Time: _____ Number of Guests Expected: _____ Name of Caterer: _____ Caterer Contact Info. Phone#: _____ Address: _____ (check one) <input type="checkbox"/> Standing Buffet <input type="checkbox"/> Seated Buffet <input type="checkbox"/> Plated Dinner # of Seats Required? _____	Room(s) Needed: _____ Estimated Charges: _____ (If using adjoining rooms as one room, please circle) <input type="checkbox"/> Reception Hall (near kitchen) _____ <input type="checkbox"/> Grant Meyer Garden Pavilion _____ <input type="checkbox"/> Shushan Assembly _____ <input type="checkbox"/> Bowsky Garden _____ <input type="checkbox"/> Sanctuary _____ <input type="checkbox"/> Forgotston Chapel _____ <input type="checkbox"/> Mautner Learning Center _____ <input type="checkbox"/> Custodial (estimate _____ hours) _____ <input type="checkbox"/> Security (estimate _____ hours) _____ <b>Estimated Total:</b> _____
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**Bar/Bat Mitzvah Information — Required for B/B Mitzvah Only**

Photographer Name: \_\_\_\_\_

Start time: \_\_\_\_\_ Photography Start Time: \_\_\_\_\_

**Wedding Information — Required for Weddings Only**

Wedding Party Arrival Time: \_\_\_\_\_

Reception Start Time: \_\_\_\_\_ Photography Start Time: \_\_\_\_\_

**Rules (see Guidelines for Facility Use for complete rules and regulations):**

- A custodial reimbursement charge of \$45/hr will be added to any event.
- Security arrangements (\$40/hr) will be done through Touro at your expense.
- Touro Synagogue is not responsible for accepting any deliveries.
- Touro Synagogue is not responsible for any loss or damage to any property of yourself or your guest.
- No storage, if available, is provided (decorations, food, etc.) until two days before event. Note: No pork or shellfish may be served at Touro Synagogue or its events.
- Kitchen must be left clean with all items washed and replaced. You will be responsible for any costs incurred to clean kitchen.
- Only Executive Director can make any agreements for use of facilities.
- Nothing can be attached to walls except by explicit permission of Executive Director.
- Certificate of Insurance for Liability and Workers' Compensation must be submitted by all vendors who will be performing work in the building. No one will be allowed access to the building without this information.

I have read the Guidelines for Facility Use governing the use of facilities at Touro Synagogue and agree to abide by these rules and regulations and cause all guests and those employed by me to abide by these rules and regulations and that only the Executive Director has the authority to agree to any deviations on these guidelines. I understand it is my responsibility to update this form with any changes and Touro is not responsible for anything not included on this form.

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

Executive Director \_\_\_\_\_ Date \_\_\_\_\_

**Special Needs and Notes:** (Please list any additional needs or special notes about information we should have not listed on this form. (Name of band, Name of florist, Name of DJ, Special Requests, etc.)

<input type="checkbox"/> Coffee Set-up	<input type="checkbox"/> TV	<input type="checkbox"/> Microphone
<input type="checkbox"/> Water/Tea/Punch	<input type="checkbox"/> Projector	<input type="checkbox"/> Podium
<input type="checkbox"/> Cocktail Tables	<input type="checkbox"/> DVD Player	<input type="checkbox"/> Book Stand
<input type="checkbox"/> Check-in Table	<input type="checkbox"/> Portable Screen	<input type="checkbox"/> Easel
	<input type="checkbox"/> Movie Screen	

<b>Actual Costs</b>	<b>For Office Use Only</b> hrs _____ off _____ hrs _____ <b>Use of Facility:</b> hrs _____ Custodial Fee: _____ hrs _____ Security Fee: _____ Sponsorship: _____ Other Reimbursement Costs: _____ <b>Grand Total:</b> _____
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Date of Deposit \_\_\_\_\_ Deposit: \_\_\_\_\_

Member code \_\_\_\_\_ Date Balance Due Paid: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Visa/MC # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Accounts	Facility	Security	Applicant
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Highlight appropriate copy indicator above

**You or your caterer should complete this diagram at least one week prior to the event. Touro will adjust any layout at our discretion if problems occur during set-up.**

