## YOUNG ISRAEL OF STATEN ISLAND



835 FOREST HILL ROAD · STATEN ISLAND, N.Y. 10314 · TEL: 718-494-6700 · FAX: 718-494-6686 · WEBSITE: WWW.YISLORG

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## **ROOM RENTAL FORM**

DATE OF USE:		EVENT START/EN	EVENT START/END TIME:	
TYPE OF FUNCTION:				
NAME OF PATRON:				
EMAIL ADDRESS:		PHONE #: _	PHONE #:	
ROOM REQUESTED:				
SOCIAL HALL:	GYM:			
EXPECTED AMOUNT O	F PEOPLE: PLEASE WRITE	APPROX NUMBER		
100 OR LESS:	101-175:	176-299:	300+:	
M	EMBER	NON-MEMBER	8	
RECEIVED, A YISI REPRES	SENTATIVE WILL CONTACT RESERVE ROOM. YISI WILL R	THE PATRON WITH PR L KEEP THE DATE(S) OP RECEIVED.	DATE FOR RENTAL. ONCE FORM IS ICING. PAYMENT MUST BE RECEIVED EN TO OTHERS UNTIL PAYMENT IS  BE INCLUDED IN EMAIL WITH ROOM	
	PR	ICE QUOTE.		
Please fill out this form	as fully as possible and ret	urn to <u>bookings@yisi.c</u>	org or to YISI office M-F, 9AM-12 PM.	
Email <u>booki</u> ı	ngs@yisi.org with any ques	tions and a YISI repres	entative will contact you.	
	YISI INTE	ERNAL USE ONLY:		
FORM RECEIVED BY:	TOTAL AMOU	JNT DUE:	TOTAL \$ RECEIVED:	
DATE FORM RECEIVED:	DATE PAYMENT REC	EIVED: R	OOM(S) RESERVED:	
DATE/ROOM/TIME: 1	2		3	