

REQUEST FOR USE OF KORA TEMPLE
TEMPLE FUNCTION

DATE OF USE _____ TIME REQUESTED _____

TYPE OF FUNCTION _____

FACILITIES NEEDED: OASIS ____ DINING HALL ____ CEREMONIAL
HALL _____ KITCHEN _____

IF KITCHEN USED NAME OF CATERER (SEE LIST) _____

PROVOST _____ MAINTENANCE PERSON _____

EQUIPMENT NEEDED _____

CONTACT (print) _____ MEMBER NUMBER _____

ADDRESS _____

DAY PHONE _____ NIGHT PHONE _____

PERSON RESPONSIBLE FOR KEY (open, secure, close building)

_____ PHONE _____

(key pickup or arrange with office M-F 8:00 – 4:30)

PERSON RESPONSIBLE FOR CLEANUP _____ PHONE _____

OFFICE PERSON RECEIVING FORM _____ LISTED ON CALENDAR _____

CONTACT(Signature) _____