

REQUEST FOR USE OF KORA TEMPLE
UNIT/CLUB 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) _____

IF FUNDRAISER:
PROVOST _____ MAINTENANCE PERSON _____

EQUIPMENT NEEDED _____

CONTACT PERSON(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) _____