



Application for Use of the Facility
By Student Groups

Date Requested _____

Contact Person: _____

Phone number _____

Email _____

DATE OF EVENT: _____
TIME OF EVENT: From _____ (am/pm) To _____ (am/pm)
Doors unlocked 1/2 hour prior. If more time needed, please advise.
GROUP/EVENT NAME: _____

Facilities required: _____ Full Auditorium _____ Golman Lounge
_____ Small Half Auditorium _____ Living Room
_____ Large Half Auditorium _____ Library (2nd Floor)
_____ T.V. Lounge

Please provide the following specific information:

- 1. Sound system: microphones needed. Yes_____ No_____
Please indicate placement of microphone in your sketch. Only available in small or full auditorium.
2. Easel needed. Yes_____ No_____
3. Number of chairs needed _____ Number of tables needed _____
4. Do you need table covering? Yes_____ No_____
5. Room arrangement: sketch on the attached sheet. No set-up will be provided unless complete instructions and sketch are included.
6. Special instructions:

Return to:
St. Louis Hillel
Attn: Denise Koester, Office Manager
6300 Forsyth Blvd (or Campus Box 7461)
St. Louis, MO 63105
314-935-9038 / 314-935-9041 fax
denise@stlouishillel.org