






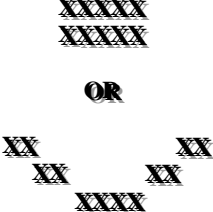
**CONGREGATION  
AGUDAS ACHIM**  
P.O. Box 28400  
Austin, Texas 78755-8400

## CAA EVENT/ROOM REQUEST FORM

All requests should be submitted and completely filled out.  
All fields that pertain to your request must be completed or the request  
will be returned to the originator.

**Request is not complete until approved.**

Send to [jvll.vertuno@caa-austin.org](mailto:jvll.vertuno@caa-austin.org). Please indicate the date of your meeting in the subject line.

<b>Requested by and Phone #:</b>							
<b>Today's Date:</b>							
<b>One Time Event Day and Date:</b>		<b>Event/Meeting Title:</b>					
<b>Recurring Event Beginning Day and Date:</b>		<b>Frequency of Recurring Event:</b> (monthly, weekly, etc.)			<b>Recurring Event Ending Date:</b>		
<b>Room Type:</b> (Any, Social Halls, CAA MPR, 147, etc)		<b>Beginning Time and Ending Time:</b>			<b>Prep Time Needed:</b> (optional)		
<b>Number of Chairs Needed:</b>		<b># Of People Attending:</b>		<b>Beverage/Food* Service Needed:</b>	<input type="checkbox"/> COFFEE - REGULAR <input type="checkbox"/> COFFEE-DECAF <input type="checkbox"/> ICED TEA <input type="checkbox"/> HOT TEA <input type="checkbox"/> WATER *Menus and costs provided by request		
<b>Audio/Visual Equipment Needed:</b> (White Boards, Microphone, Podium, T.V., VCR, etc)							
<b>Select Setup you Require:</b>	<input type="checkbox"/> Long Conference Table 	<input type="checkbox"/> U-Shape 	<input type="checkbox"/> Square 	<input type="checkbox"/> Theater 	<input type="checkbox"/> E Other: Design your Own Setup		
<b>Is there other set up information you would like for us to know?</b>							

### **ROOM REQUEST STATUS FOR FACILITIES USE ONLY**

<b>ROOM ASSIGNED:</b>			
<b>APPROVED/ DENIED BY:</b>		<b>DATE:</b>	
<b>REASON IF DENIED:</b>			
<b>TOTAL COST:</b>			