

Group Information Form – Facility Use

Please complete the following information and return to our office at least <u>TWO WEEKS</u> prior to your event along with a copy of your event schedule, housing layouts, and Group Food Service Form.

Forms turned in less than 8 days in advance of the event will be charged a \$75 late fee.

Event Dates: Group Contact Person: Cell Phone: Phone: Fax: Email: Arrival Time: _____ Departure Time: _____ Total # in group: ______ Adults (18+): _____ Kids (1-17): _____ Infants (under 1): _____ **PAVILION SET-UP** O Not using Chair Set-up: (#)____ chairs O Theater (facing stage) O Sephardic (3 sections facing mid room) O In the round Additional Set-ups: • with (#) tables O with mechitza/divider PROGRAM ROOM SET-UPS # of chairs Equipment & Set-up: ___ LLL #1 (Ping-Pong room-Capacity 50 includes a TV with DVD/VCR combo) # of chairs Equipment & Set-up: (Dance Room-Capacity 30) Equipment & Set-up: LLL #3 # of chairs (Art Room-Capacity 30 includes 3 tables and chairs) LLL #4 # of chairs _____ Equipment & Set-up: (Blue Carpet-Capacity 30) Equipment & Set-up: # of chairs (TV Lounge-Capacity 25 with couches, TV and DVD/VCR combo) Gvm #1 # of chairs _____ Equipment & Set-up: (Small Classroom-Capacity 30) Gym #2 # of chairs Equipment & Set-up: (Staff Lounge-Capacity 100 with room divider to split into two rooms) # of chairs Equipment & Set-up: (Camper Lounge-Capacity 100 with room divider to split into two rooms) # of chairs _____ Gymnasium Equipment & Set-up: (Capacity 550)

Equipment Available: TV, VCR/DVD player, microphone, CD player, lectern, screen.

RECREATIONAL NEEDS	
Gymnasium set-up(choose one):	 basketball (6 nets) volleyball (2 nets) half & half (1 volleyball/2 basketball)
Additional Needs:	Trail a rial (1 volicyball/2 basketball)
Sports Equipment:Campfire wood - circle oneOutdoor Pool (Available Me	
Activities available at additional cos O Ropes Course O W	
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I would like to leave gratuity for Housekeep	ing and Food Service Staff in the following manner:
 Tip Box in the dining room on depart 	rture day
O Lump sum by group leader	
O Please place envelopes in the gues	st rooms
ADDITIONAL NEEDS OR REQUESTS	
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Contact us with any questions at:	

Please return all forms to:

847-763-3551 retreats@jccchicago.org

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