

FACILITIES SET-UP REQUEST
Ongoing Event

Day(s) of use: (please indicate)

Sun Mon Tue Wed Thu Fri Sat

Dates of use:

First Meeting date: _____ Last Meeting Date: _____

Not Meeting on the following dates: _____

Time of program:

Beginning _____ Ending _____

Requester's set-up Time: _____

ROOM ASSIGNED

Name of group: _____

Number of people expected: _____

Number of tables: _____ Number of chairs: _____

DIAGRAM OF SET-UP

Other equipment needed (microphone, lectern, projector, screen, etc.):

Take-down Instructions: _____

Requested by: _____ Telephone: _____

Date: