

FACILITIES SET UP REQUEST FORM

ONE-TIME ONLY EVENT

Date of Use: _____ Day Week: _____

Event Name: _____

Group/Ministry: _____

Room Assigned _____

Start Time: _____ End Time: _____

Requester's Set-Up Time: _____

Number of people to expect: _____

Number of tables: _____ Number of chairs: _____

Diagram of Set Up

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

Take-down instructions:

Requested by: _____ Telephone: _____

Date: _____ Email: _____