

FACILITIES SET-UP REQUEST

ONGOING EVENT

Event Name: _____

Group/Ministry: _____

Room Assigned: _____

Day of Week: _____

Occurrence:

1st		Last Week	
2nd		Every	
3rd		Bi-Weekly	
4th		Other:	

First Meeting Date: _____

Last Meeting Date: _____

Not Meeting on the following dates: _____

Event Start Time: _____ End Time: _____

Set Up Time: _____

Number of people expected: _____

Number of tables: _____ Number of chairs: _____

DIAGRAM OF SET-UP

Other equipment needed: Microphone Lectern Projector Screen Other:

Take-down Instructions/Notes: _____

Requested by: _____ Telephone: _____

Email: _____ Date: _____