

Set Up Request Form

(Deadline: 1 Week Prior to Event Date)

Date Received: _____
Received By: _____

EVENT DETAILS

Event Name: _____

Event Date(s): See attached calendar -or- As listed: _____

Event Location: _____ Event Time: _____

Frequency:

- One Time Only
- Weekly; Every _____ (Day of Week)
- Monthly;
- Every: 1st 2nd 3rd 4th Last
- Day of Week: Mon Tues Wed
 Thurs Fri Sat Sun
—of the month.

Items Requested for Set-Up:


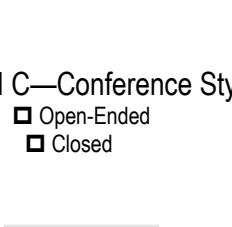
- Tables (# _____)
- Chairs (# _____)
- Podium
- Projector Screen
- Microphone (# _____)
- Internet
- Other: _____

Comments/Notes:


Type of Set-Up: (Choose only from 4 styles provided)

A—Auditorium Style

- with Center Aisle
- no Center Aisle






B—Classroom Style




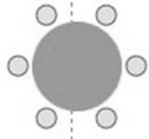
C—Conference Style

- Open-Ended
- Closed

D—Banquet Style

- Square
- Round

Submitted By (Name): _____ Date Submitted: _____

Staff? Yes No ; If not Staff, Ministry Name: _____

Phone/Ext: _____ Email: _____

***** FOR OFFICE USE ONLY *****

ADMIN RECORD
Date Received: _____ Received by: _____ ; Date Processed (Original Given to Maintenance): _____

MAINTENANCE RECORD
Date Original Received: _____ Received by: _____ ; Copy Received _____