

Request for Facilities – Room Set-Up Form

Event Date: _____

Day: _____

Time: _____

Number of Persons: _____

Room #: _____

Requestor: _____

Phone #: _____

Today's Date: _____

2. Type of Program:

Study: _____

Sunday School: _____

Reception: _____

Other: _____

3. Special Needs:

Whiteboard/Markers/eraser

Easel

Projector

Movie Screen

Microphone

V.C.R./D.V.D./T.V.

Other: _____

Other: _____

4. Room Set-Up/ Other Instructions:

6 ft. Long Table

8 ft. Long Table

Round Table

Coffee/Tea/Lemonade/Water

Other: _____

Other: _____

General Rules:

*Place one copy of completed form in the Facilities Managers mail box.

**Make sure the event date is reserved on the church calendar well in advance.

***Prepare the form as early as possible to allow for planning prior to the event.

Please Draw the Desired Set-Up for the Room on the Back Side of this Form.

Signed-Requestor: _____

Date: _____

Please indicate location of tables within the desired room.