

Facilities Request/Set-Up Form

Your Name _____

Phone Number: _____

Name of the Group Requesting Room: _____

Date of Event: _____

Starting Time: _____ Ending Time: _____

Room Requested: _____ Number of People Expected: _____

Number of Tables Needed: _____ Number of Chairs Needed: _____

Podium Needed: _____

AV Equipment Needed: _____

Coffee/Tea Set Up? Yes: _____ No: _____

Sexton Fee Required (for office use) _____

Equipment Fee (for office use) _____

If you would like the tables arranged in a particular way, please sketch layout below: