

Room 301
Room Set-up Request

Request made: Date _____
Time _____

Sponsoring Group and event name: _____
Responsible Person _____
Day phone _____ Email address _____
Date of event _____ Beginning time _____ End time _____
_____ One time event _____ If this is a recurring event please provide the following information:
Frequency _____ End Date _____

PLEASE LIST SPECIFIC NEEDS:

_____ # of Chairs _____ # of 6' Tables _____ Extension cord _____ Lectern
_____ Laptop w/VGA cord _____ Flip chart/easel/markers _____ Chalice w/lighter

ADDITIONAL ITEMS REQUESTED: _____

REMINDERS:

1. Check with staff before borrowing something from another area: if that is approved, please return the item(s) at the end of your event.
2. Please be responsible for cleaning up spills or dropped food.
3. If you use the kitchen, please clean it up.
4. TAPE IS NOT TO BE USED ON ANY SURFACE!
5. When departing, turn off all lights and lock all doors.

