

SET-UP REQUEST FORM

Name of Group of Event: _____

Room(s)/Area: _____

Date of Event: _____ Beginning Time: _____

Ending Time: _____

of People Expected: _____ # Chairs: _____ # Tables: _____

Diagram (if Necessary) of Arrangement

Date to be Set Up: _____

Equipment (Other): _____

Contact Person: _____ Phone: _____

Today's Date: _____

FOR STAFF USE ONLY

ASSIGNED TO: _____ DATE: _____ INITIALS: _____

DATE & TIME
COMPLETED: _____ TIME SPENT: _____ INITIALS: _____

RETURN TO CHURCH BUSINESS ADMINISTRATOR