

ROOM RESERVATION & FACILITIES SET-UP

(Bold Italic Categories MUST be completed)

EVENT NAME: _____ **DATE:** _____

ROOM(S) REQUESTED: _____ **TIME (start & end):** _____ / _____

ATTENDEES: _____

CONTACT NAME: _____ **PHONE:** _____

MEETING INFORMATION

# 8' Tables: _____	Registration Table: _____	Microphone Stand: _____
# Round Tables: _____	Whiteboard/Markers/Eraser: _____	Projector: _____
# Small Tables: _____	TV: _____	Projector Screen: _____
# Chairs: _____	Laptop: _____	Wifi Access: _____
# Small Chairs: _____	Extension Cord: _____	Screens (Sanct.): _____
Lectern: _____	Microphone: _____	Streaming Location: Sanct. _____ / Chapel _____

KITCHEN SUPPLIES & BEVERAGES REQUESTED

Disposable Plates: _____	Temple Dishes: _____	Table Cloths (cloth): _____	Water: _____
Disposable Cups: _____	Coffee Cups/Saucers: _____	Napkins (cloth): _____	Coffee: _____
Plastic Knives: _____	Water Glasses: _____	Skirting: _____	Hot Tea: _____
Plastic Forks: _____	Wine Glasses: _____	High Chairs: _____	Iced Tea: _____
Plastic Spoons: _____	Silverware: _____		Lemonade: _____
Paper Napkins: _____	Chafing Dishes: _____		

PLEASE DIAGRAM YOUR SET-UP FOR THE ROOM

Submitted: ____/____/____