REQUEST FOR SET-UP

Event Name: ___________________________________________________

Date of Event: _______________ Repeat Event? _______ Y ______ N

If yes: dates where set up applies______________________________________

Time Event Begins: _____________ Time Set up is needed:________________

The following setup is needed for: ________________________________(room)

_____Portable Microphone (Please contact Liz at Lczajkowski@stjamesah.org)

Use other side for a diagram of room if needed.

_________Number of Garbage Cans _________Number of Tables

_________Bags of ICE _________Number of Chairs

_________Number of Chairs

Requested by: _________________________ Phone: _______________________

Organization: __________________________ email: ______________________