



SAINT JAMES PARISH  
A CATHOLIC CHRISTIAN COMMUNITY

# 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](mailto:Lczajkowski@stjamesah.org))

Use other side for a diagram of room if needed.

\_\_\_\_\_ Number of Garbage Cans

\_\_\_\_\_ Bags of ICE

\_\_\_\_\_ Number of Tables

\_\_\_\_\_ Number of Chairs

Requested by: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_ email: \_\_\_\_\_