

ROOM REQUEST SET-UP SHEET

X Original Request
 Change / Correction
 Equipment / Display

Day of Meeting
 Date of Meeting
 Room(s) Requested:

GROUP

Contact Person _____ Phone: _____
 Number of People: _____ Childcare (\$10/hour/worker) _____
 Weekly _____ Monthly _____ Sound Tech needed _____

TIME:
 Meeting begins _____
 Meeting ends _____
 Set-up complete by _____

List Future Dates:

EQUIPMENT NEEDS:

DIAGRAM OF SET-UP:

Kitchen _____
 Kitchenette _____
 Coffee _____
 Water: Hot _____ Cold _____
 TV/VCR _____
 Easel _____ Flipchart _____
 Microphone _____
 Overhead Projector _____
 Screen _____
 Extension Cords _____

SET UP:

Tables (#) _____
 Chairs (#) _____
 Other _____

OTHER: _____

Date Rec. _____ Calendar Checked _____ Approved By: _____

After-hours approval _____

Route to: Sound Tech _____ Childcare _____ Contract _____

Kitchen Coordinator _____

ROOM REQUEST SET-UP SHEET

X Original Request
 Change / Correction
 Equipment / Display

GROUP: St. Ed's Building Com.

Contact Person **Judy Starkey** Phone: _____
 Number of People: _____ Childcare (\$10/hour/worker)
 Weekly Monthly Sound Tech needed
 List Future Dates:

DIAGRAM OF SET-UP:

Day of Meeting **Thursday**

Date of Meeting **April 15**

Room(s) Requested:

Onan

TIME:

Meeting begins **7:30 PM**

Meeting ends **9:30 PM**

Set-up complete by **7:00 PM**

EQUIPMENT NEEDS:

Kitchen _____

Kitchenette

Coffee

Water: Hot Cold

TV/VCR

Easel _____ Flipchart _____

Microphone

Overhead Projector _____

Screen _____

Extension Cords _____

SET UP:

Tables (#)

Chairs (#)

Other

Date Rec. _____ Calendar Checked _____ Approved By: _____

Route to: Sound Tech _____ Childcare _____ Contract _____

After-hours approval _____

Kitchen Coordinator _____