

Event Set-up Form

Event Description: _____ Event Date: _____

Contact Person: _____ Start Time: _____ End Time: _____

Day Phone# _____ Email Address _____ Form request date _____

For recurring events, please indicate all dates here (or attach a schedule if lengthy)

Set-up Locations: Open Mezzanine Area Mezz. Conf.Room Open Lower Hall
 Church Parish Hall Other
 L1 L2 L3 L4 L5 L6 L7 L8 L9 L10
 Rectory (with Pastor's approval) Dining Room Living Room

Items needed: Round tables _____ TV _____ White board _____ Projector Screen _____
Rectangle tables _____ Large Screen TV _____ Popcorn Machine _____ Lg. Wood Cross _____
Chairs per table _____ Ping Pong Table _____ Other _____

Set-up Location: _____ Describe exact setup or use floor layout on back.

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Setup Forms must be submitted to Sexton a minimum of 3 days prior to event

Additional Information: _____

Form Received by: _____

Setup Completed _____