

Request for Library Room Setup

Today's date _____

Return form no less than 14 days prior to event. Complete drawing below: indicate exact location of table and chairs, table type(s) (round or rectangular). Mark chair placement with an "x."

Date of Event _____ Requestor Name _____

Event or Group name _____

Phone number_(h) _____ (c) _____ Email _____

Name of event _____ Start time _____ End time _____

Expected Attendance _____ Number of church staff needed _____

Catering /food: Yes _____ No _____ Name of Caterer _____

Time of caterer arrival _____ Kitchen equipment use Yes _____ No _____

Type of kitchen equipment to be used _____

Use refrigerator/cooler Yes _____ No _____ Amount of space/length of time _____

Date room set up needed _____ Time room setup needed _____ am/pm (circle one)

Audiovisual equipment Yes _____ No _____ Type _____



Bookcases

