ROOM SET-UP FORM

Please complete this form and submit it to Christian Education ***seven (7) days*** *prior to the day of any event. This form is to be used by all ministries for all events requiring the services of the Facilities Ministry.*

Please place this form in the Christian Education mailbox.

MINISTRY_____

DATE OF EVENT_____

TIME OF EVENT (begin and end time)_____ **Set-up**____ **Clean up**____

APPROXIMATE NUMBER OF PARTICIPANTS_____

CONTACT PERSON_____

PLACE ___**Fellowship Hall** ___**Multipurpose Room** ___**CARE Center** ___**Multi-Purpose Center, Room #** ___

Other_____

ILLUSTRATE SET-UP

Lead TRIO_____

Signature **Phone #** **Email** **Date**

Coordinator_____

Signature **Date**

Executive Staff_____

Signature **Date**

Revised March 2007