



ROOM SET-UP FORM

Please complete this form and submit it to your Department Head seven (7) days prior to the day of any event. This form is to be used by all ministries requiring the services of the Facilities Ministry.

MINISTRY _____

DATE OF EVENT _____

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

APPROX. # OF PARTICIPANTS _____ CONTACT PERSON _____

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

Other _____

ILLUSTRATE SET-UP

ICE COFFEE URNS TRASH CANS EASELS Small DRY ERASE BOARD

Lead TRIO _____
Signature Phone # Email Date

Coordinator _____
Signature Date

Executive Staff _____
Signature Date

