

INFORMATION SHEET

Today's Date _____

NAME: _____

(Organization, Group, or Individual)

(Date Needed)

TYPE OF FUNCTION: _____

(Time of Event)

CONTACT PERSON: _____ **TIME NEEDED:** _____

(Set Up)

FACILITY NEEDED: Circle one or more:

GYM

RECEPTION HALL

KITCHEN

CHURCH

NARTHEX CLASSROOM ROOM # _____

EQUIPMENT NEEDED: Circle one or more:

BASKETBALL GOALS

VOLLEYBALL NET

SOUND SYSTEM

PODIUM

DROP DOWN SCREEN

DVD/PROJECTOR

Tables _____ Chairs _____

Serving Tables _____ Other _____

Coffee Makers _____ Juice Coolers _____ Tea/Punch Servers _____

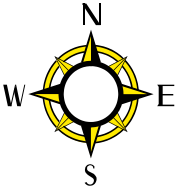
CLEAN UP CONTACT PERSON: _____

(Name)

(Cell#)

Requests must be made two weeks prior to date needed. Draw a diagram of the desired setup on the facility diagram provided.

Gym



Reception Room

