

Facility Set-up Request Form

Committee / Group Name: _____

Requester's Name: _____ Request Date: _____

Contact Information: Phone # _____ Email: _____

Type of Service / Meeting (Circle one that applies)

Funeral / Memorial

Wedding

Church Activity

Outside Group

Day(s) Needed: M T W T F S S (Circle) Date(s) Needed: _____

Setup Start Time: _____ () AM () PM Cleanup End Time: _____ () AM () PM

Event Start Time: _____ () AM () PM Event End Time: _____ () AM () PM

People Attending: _____ Maintenance Staff needed on premises? ____ Yes ____ No

Room Needed (Circle all that apply):

Sanctuary

Parish Hall

Church School

Chantry

Parish Hall Library

Wainwright Hall Parlor

Macomber Room

Parish Hall Alcove

1st Floor Conference Room

East Room

Kitchen

2nd Floor Conference Room

Quilt Room

Vestry Room

Stone Hall

Cadigan Room

Set Up (Give Details Below) *(Use Room Layout form or space on back for Set Up Diagram and additional information)*

Equipment Needed (check all that apply):

Power Point Equipment

Screen

Microphone

Sound System

Easel/Paper/Markers

Stage

Lapel

Lectern/Podium

White Board/Markers

Side

Hand-held

TV/VCR

Free standing

TV/DVD

Complete below for Church-related activities only:

Volunteers you will have on hand _____

Volunteer Names:

Refreshments Needed:

Regular Coffee

Decaf Coffee

Tea

Water

_____ # Cups needed

_____ # Cups needed

Given to Maintenance Dept. on _____