

SET-UP REQUEST

(date submitted)

PLEASE SUBMIT AT LEAST 48 hours before the set-up is required.

ORGANIZATION: _____

CONTACT PERSON: _____

PHONE NUMBER: _____ (WORK) _____

DATE AND TIME REQUIRED: _____ (If more than one date & time please indicate)

SPACE TO BE USED: _____

WE WILL BE OUT OF THIS SPACE BY _____ (Date & Time)

SET-UP REQUIREMENTS:

_____ Number of tables

_____ Number of Chairs

_____ Blackboard (portable)

Other special requirements: _____

Diagram of space to be used (please be detailed on back)

Signature of approving authority
(Chairman, Club President, Parish Secretary, Coordinator of Religious Ed.
Youth Minister, Pastor)

Completed date/time