Facility Request Room Set-up Form

Submitted By: ______________________________ Cell Phone: ________________

Ministry/Renter: _____________________ Name of Event: ____________________

Date of Event: __________ Time: From: __________ AM/PM To: __________ AM/PM

Room(s) Needed: _____________________________________________________

Equipment Needed: (Please check off what you need)

Room Setup Needs:
[ ] 5’ Round Tables (Seats 8-9): How Many?: __________
[ ] 6’ Rectangular Tables (Seats 8): How Many?: __________
[ ] 8’ Rectangular Tables (Seat 10): How Many?: __________
   (Woodruff Only)
[ ] Chairs: How Many?: __________

Diagram of Room Set-Up
(Please draw diagram showing location and number of chairs and tables as you wish to have the room set-up)

For Office Use Only

[ ] Approved and Scheduled          [ ] Not Approved

Authorized Signature: ______________________________ Date: ____________________