

EVENT SET-UP REQUEST

This form must be turned into the Facilities Department
AT LEAST 3 WORKING DAYS prior to the event.

Contact Name Today's Date

Phone/Extension Event/Activity

Group Name Facility/Location

Event Day & Date Pick a Day Set-Up By

Set-Up Needs: (Please specify quantities)

No. of Chairs	No. of Tables	No. of Round	No. of Rectangular
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Microphone Podium Tarps Stage

Clean Restrooms Prior To Event Yes No

Special Requirements:

Take Down Can Start By Must be complete by

Be sure to check your scheduling with the appropriate departments to avoid conflicts with set-up and take down times.

Print out this form then:

PLEASE PRINT AND DRAW A SET-UP DIAGRAM ON THE REVERSE SIDE