



# FACILITIES SET-UP REQUEST

## ADULT MEETING ROOM (AMR)

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

### Facilities Use Only:

Set-Up Date: \_\_\_\_\_


Set-Up Time: \_\_\_\_\_

### KEY

 Round table w/ the number of chairs at each (Stacking 8 Max, Folding 10 max)

 Rectangle Table


 Rectangle Table w/ Chairs

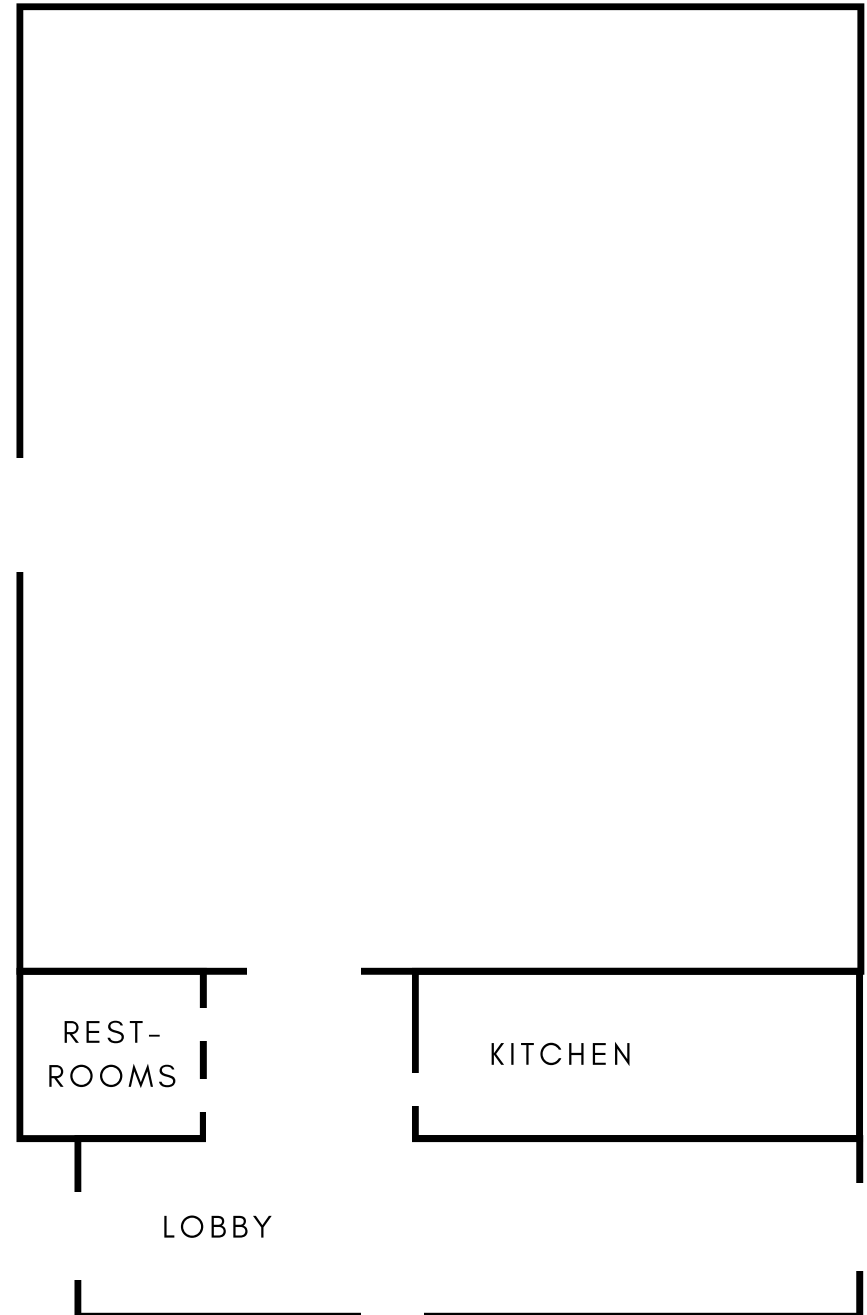
 Bench Tables (Indicate: Table W/ Bench or Benches for Seating)

 Portable Wall

 AV Media Cart

 Podium

 Screen





# FACILITIES SET-UP REQUEST

## BISHOP SHEL TZ HALL (FELLOWSHIP HALL)

Event:

Date:

Time:

Contact Name:

Contact Phone:

Contact Email:

Notes:

KITCHEN

HALLWAY


PIAZZA

### Facilities Use Only:

Set-Up Date: \_\_\_\_\_


Set-Up Time: \_\_\_\_\_

### KEY

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 Rectangle Table w/ Chairs

 Bench Tables (Indicate: Table W/ Bench or Benches for Seating)

 Portable Wall

 AV Media Cart

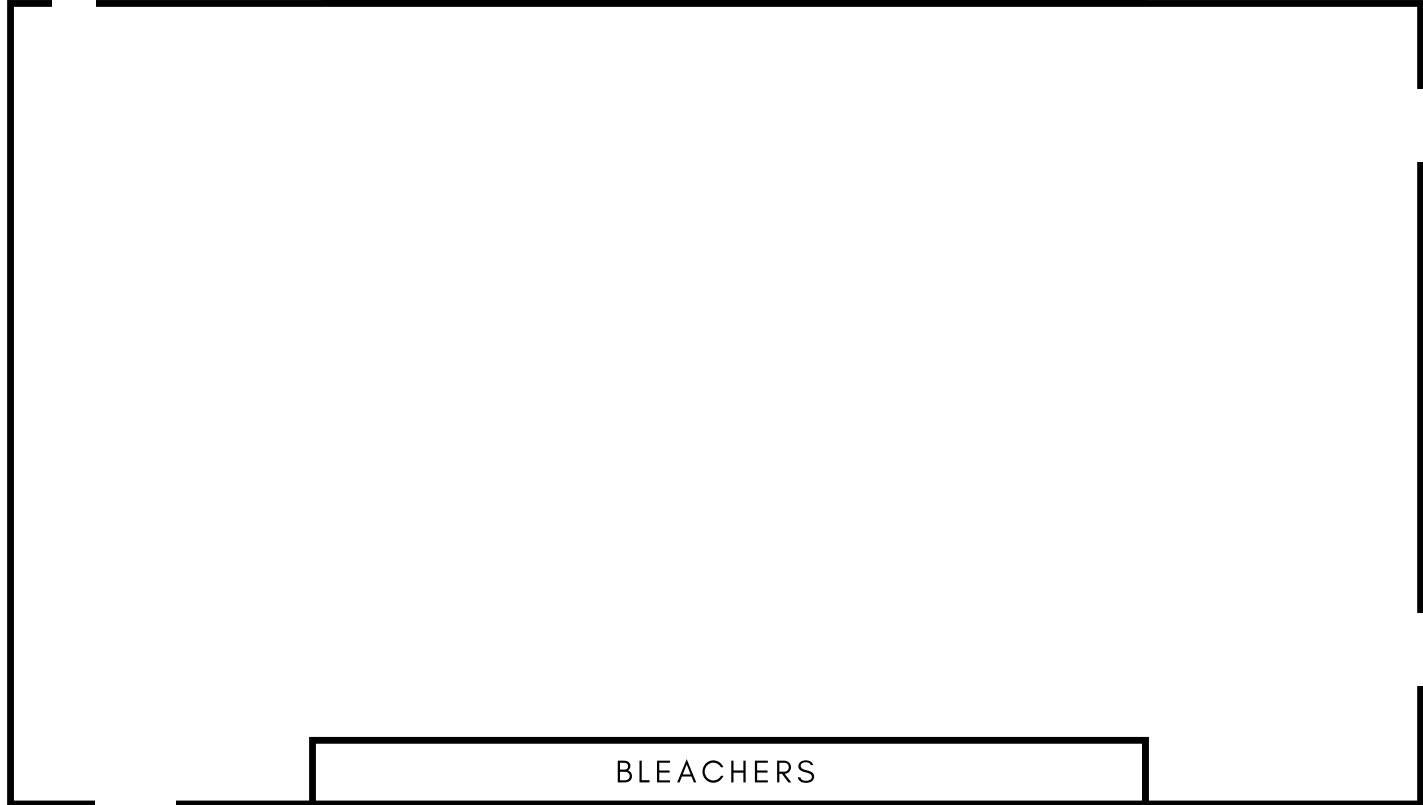
 Podium

 Screen



# FACILITIES SET-UP REQUEST

## GYM



HALLWAY



Event:

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Date:

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Time:

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Contact Name:

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Contact Phone:

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Contact Email:

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Notes:

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### Facilities Use Only:


Set-Up Date: 

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Set-Up Time: 


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