

PLEASE GIVE SEVEN (7) DAYS NOTICE. THANK YOU.**

ROOM SET-UP REQUEST

Date(s) of Event _____

Do you need to set up and arrange tables the day before? ____ YES ____ NO

Ministry _____ Person requesting _____

Purpose of use _____ Contact number _____

Need Parking Lot Lights: Yes _____ No _____

Event time (start) _____ am/pm (finish) _____ am/pm Please **DO NOT OMIT**

Anticipated Attendance _____

Special Instructions _____

Rooms requested (circle):	Hoover Fellowship Hall	Hoover Hall classroom
	Kitchen	Worship Center classroom
	Choir room	Worship Center

Number of tables and chairs required: _____
6' long tables 5' round tables How many chairs per table?

No. of Chairs for theatre seating

Equipment needed: (Circle needs) Sound System Cordless mic. TV/VCR
Video Projection: through OUR Computer; YOUR Computer
DVD player; Internet Connection; PowerPoint®; Remote

Please contact Media Chair with specific needs.

Other

Need a photographer for the event? ** Yes _____ No _____

YOU ARE RESPONSIBLE TO LEAVE THE BUILDING AND GROUNDS IN THE SAME CONDITION OR BETTER CONDITION THAN YOU FIND IT.

FOR OFFICE USE ONLY

Copies to: Property Ministry, Maintenance, Office, Audio/Visual, Photographer,
Fellowship Ministry if needed

