

ROOM SET-UP REQUEST

| | | | |
|---------------------|------------------|----------------|----|
| Submitted By | | Date Submitted | |
| Ministry/Department | Name of Function | | |
| Date of Meeting | Time of Meeting: | From | To |
| Room(s) Needed | | | |
| Standing Request: | Every | Until | |

Date

DIAGRAM OF ROOM SET-UP

(Please draw diagram showing location and number of chairs, tables, other special equipment needs, etc.)



OTHER SPECIAL EQUIPMENT NEEDS

- | | | | | |
|--------------------------|--------------------------|--------------------|--------------------------|----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Marker Board | <input type="checkbox"/> | Extension Cord |
| <input type="checkbox"/> | <input type="checkbox"/> | Easel | <input type="checkbox"/> | Speaker Stand |
| <input type="checkbox"/> | <input type="checkbox"/> | Overhead Projector | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | <input type="checkbox"/> | Chalk Board | <input type="checkbox"/> | Other |

FOR OFFICE USE ONLY

- Approved and Scheduled Assigned To _____
- Not Approved : Reason(s) _____

Authorized Signature