

ROOM SETUP REQUEST

Submitted By _____ Date Submitted _____

Ministry/Department _____ Name of Function _____

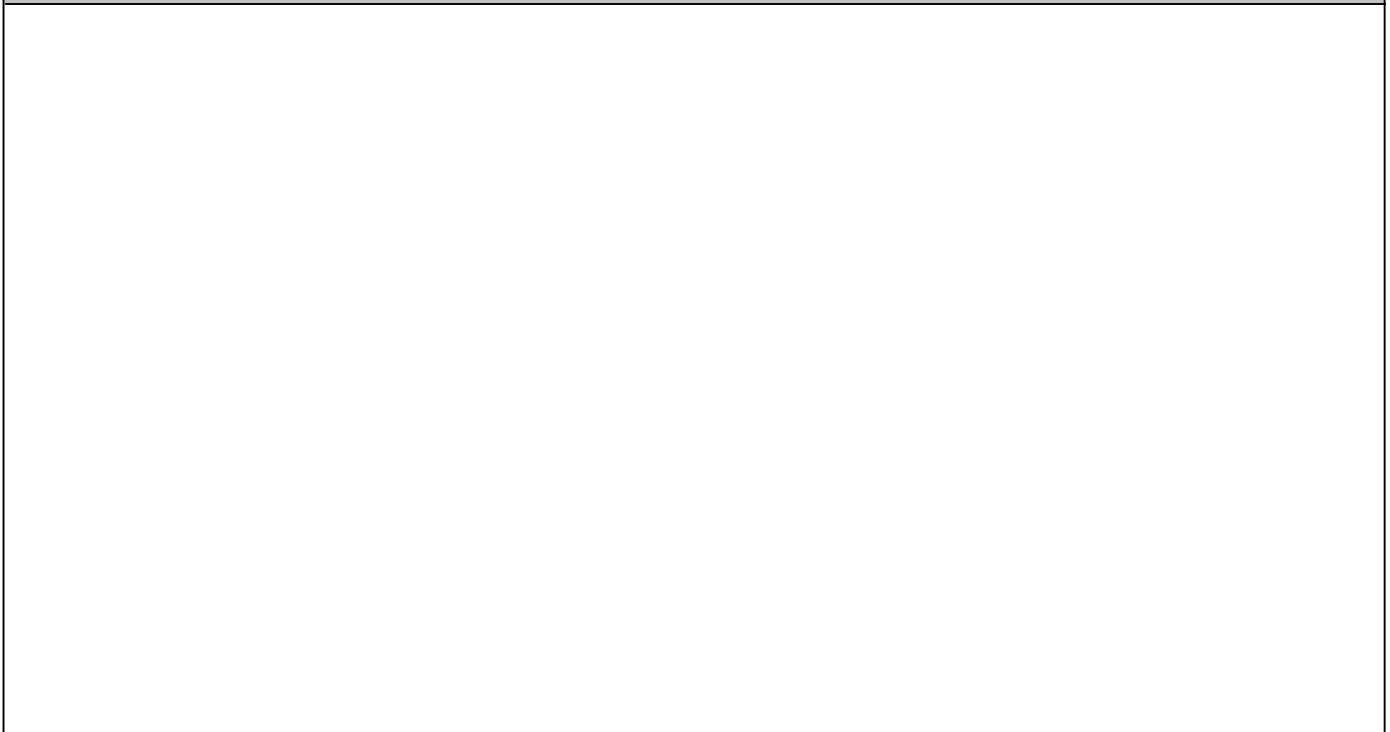
Date of Meeting _____ Time of Meeting: From _____ To _____

Room(s) Needed _____

Standing Request: Every _____ Until _____

DIAGRAM OF ROOM SETUP

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



OTHER SPECIAL EQUIPMENT NEEDS

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

FOR OFFICE USE ONLY

Approved and Scheduled Assigned To _____

Not Approved: Reason(s) _____

Authorized Signature _____ Date _____