



SET UP REQUEST FORM

Date of Request: _____

Requested By: _____

Name of Event: _____

Date of Event: _____ Time of Event: _____

Date requested for setup: _____

Time of setup: _____

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

Event Location: _____ Room # / Name: _____

No. of Participants: _____ No. of Tables: _____ No. of Chairs: _____

Please select the equipment needed for setup:

- | | | |
|---|--|--|
| ☐ Sign in Table | ☐ Coffee Maker – Qty: _____ | ☐ Catering Table – Qty: _____ |
| ☐ Projector Screen | ☐ Microphone | ☐ Speakers |
| ☐ Extension Cords – Qty: _____ | | |
| ☐ Popcorn Machine | ☐ Helium Tank | ☐ Ladder |
| | | ☐ Media Cart |

Additional Comments / Notes: _____

Please use space below to design layout of the setup (if applicable)

Table -

Chair -