

ROOM SET UP FORM

(Must be Turned in 7 Days Prior to Event)

Please designate the room set-up for your event.

Contact person and phone number _____

Date of event: _____

Room _____

Date set-up needed: _____

Number of tables needed: _____

Number of chairs needed: _____

Will you have refreshments:

Other items needed (please list): _____

Diagram of set-up, please draw below.