

EVENT/MEETING SET UP FORM

Please complete 2 weeks prior to event and give to Executive Director

Event Title:	
Contact Name:	E-Mail:
Telephone #:	Cell #:

Location:	Date of Event:
Time of Event--- Begins:	Concludes:

Microphone Set-Up:

Film Projector (members \$50/nonmembers \$125)

Attending: _____ # of Chairs: _____ # of Tables: _____

Refreshment Set-Up: <input type="checkbox"/> Coffee, Decaf <input type="checkbox"/> Hot Tea <input type="checkbox"/> Ice Tea <input type="checkbox"/> Lemonade <input type="checkbox"/> Soda <input type="checkbox"/> Water Who is providing?	Dishes/Glasses: <input type="checkbox"/> Paper <input type="checkbox"/> China Lg. Plates Sm. Plates Lg. Napkins Sm. Napkins Who is providing	Tablecloths: <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl Color Who is providing?	Flatware: <input type="checkbox"/> Plastic <input type="checkbox"/> Silver Who is providing?
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DRAW DIAGRAM OF DESIRED SET-UP

Sanctuary

Special Instructions: _____

Clean Up Responsibility:

Temple Staff Event Staff