

# Buildings & Grounds Set-Up Request

Contact Name \_\_\_\_\_ Ext. # \_\_\_\_\_

Event Name \_\_\_\_\_

Event Location \_\_\_\_\_

Event Date \_\_\_\_\_

Event Time From: \_\_\_\_\_ To: \_\_\_\_\_ No. Attending \_\_\_\_\_

<b>***** 2K2 SET-UPS*****</b>								
Seating Style	Classroom	_____	Chevron	_____				
	Square	_____	U-Shaped	_____				
	Rectangle	_____	Custom	_____				
	Theater	_____	(See Layout Below)					
Chairs Facing	East	_____	West	_____	South	_____	North	_____
President's Lectern	Yes	_____	No	_____				

<b>*****MALL SET-UPS*****</b>			
Number of Tables	_____	Number of Chairs	_____

Special Requests \_\_\_\_\_  
\_\_\_\_\_

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Layout Diagram

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

Work Completed By
_____
_____
Date