

C.E. BUILDING EVENT ROOM REQUEST

EVENT NAME: _____

EVENT DATES: From _____ To _____ SET UP DATE: From _____ To _____

EVENT TIME: From _____ To _____ SET UP TIME: From _____ To _____

SIZE OF GROUP _____ PURPOSE _____

CONTACT PERSON _____

HOME PHONE NO. _____ WORK OR CELL NO. _____

NUMBER OF WEEKS ROOM WILL BE USED _____

SET UP: NO. ROUND TABLES _____ NO. OF RECTANGLE TABLES _____

CHAIRS AT EACH TABLE _____ THEATER STYLE CHAIRS _____

SCHEMATIC: CF = Children's Furniture AF = Adult Furniture

101 (CF)	102 (CF)	A.I.S. Office 103	104 (CF) Child Lib	Gathering Office 105
Storage 201	202 (AF)	203 (AF)	204 (CF)	205 (CF)

CHECK IF NEEDED:

KITCHEN HOSTESS _____	OVERHEAD PROJECTOR _____
COFFEE SET UP _____	PODIUM _____
TV/VCR _____	PIANO _____
SOUND TECH _____	CHILDCARE _____

Phone Tree and E-mail notification needed _____

After receiving confirmation of date and time, please make your own arrangements with Cindy Miller for all equipment needs, Cindy Medlin for wedding needs, Cindy Coleman for all kitchen needs and Diana Wise for child care needs. If a sound tech is needed, it is important to let Jay Arnn know at least one week in advance of the event.