

EVENT TITLE: _____

ROOM SETUP OPTIONS

Indicate Room: Community Room:

Outreach Table in Front Lobby:

Side Parking Lot:

Other: _____

Event Date(s): _____

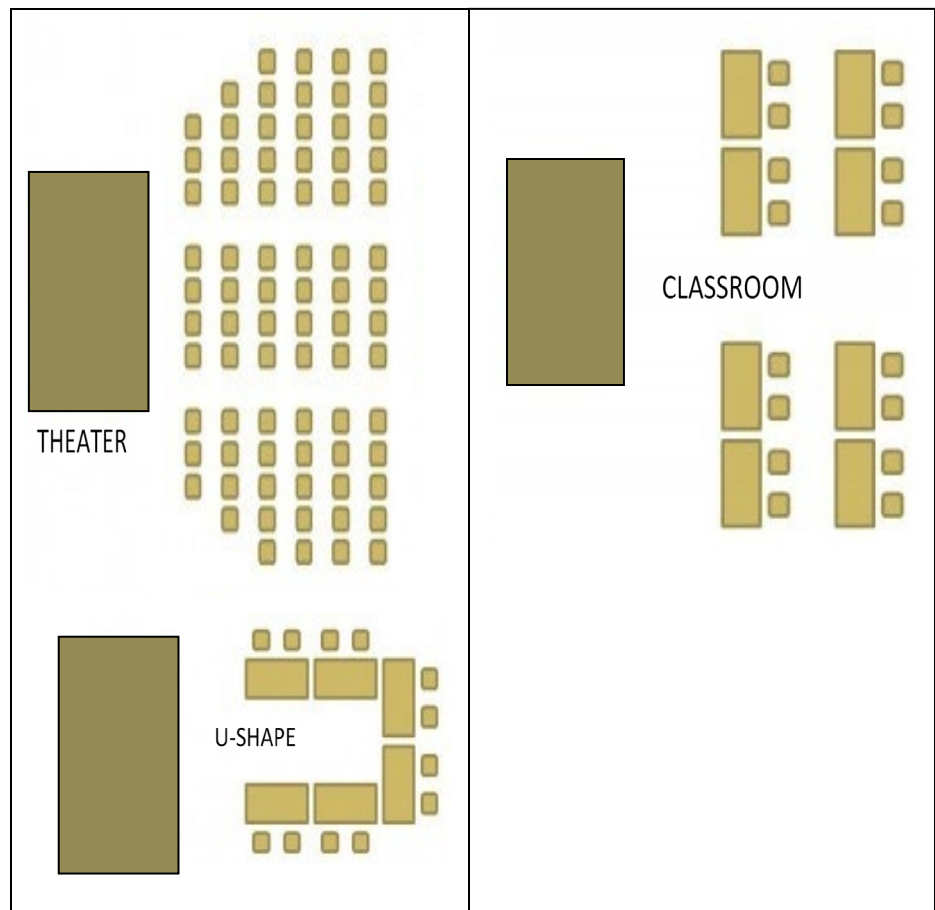
COMMENTS:

Empty Room

- ☐ THEATER
- ☐ CLASSROOM
- ☐ U-SHAPE
- ☐ OTHER (PLEASE ATTACH DIAGRAM)

Event Start Time: _____

Event End Time: _____



PLEASE NOTE: THIS FORM IS FOR FURNITURE SETUPS ONLY.

Indicate Equipment Needed:

of Chairs needed for Audience: _____

Podium:

DVD Player (compatible with regular & Blu-ray discs):

Wall Projector:

Check here if you would like tables covered for easy clean up:

Whiteboard:

Microphone: