



ST PETER THE APOSTLE
CATHOLIC PARISH
SET-UP REQUEST FORM

Event Details

Event Name: _____

Event Date: _____ Location: _____

of people expected at meeting: _____

Actual Time Event Begins: _____ AM/PM

Set-Up Requested:

- Same Day
 Day Before (Only if Event begins before 9am next morning ; and if scheduling permits)

Items Requested for Set-Up

- Chairs (# _____) Tables (# _____)
 Projector Screen Podium
 Paper Pad/Easel Wipe Erase Board
 Music Stands (# _____) Microphone stands w/microphone for music (# _____)
 Microphones (# _____)
 Portable In House Sound System (Hall)
 Other: _____

Set-Up Instructions:

- Diagram (Drawing) Provided**

Please provide (diagram) for special set-ups regarding placement of items requested above (e.g chairs in circle, tables w/o chairs for food, etc.) Drawing does not have to be “ up-to scale”; please be specific in your details.

Comments: _____

Request Submitted by: _____ Date Submitted: _____

Staff? Yes No ~ If not Staff; Phone #: _____

FRONT OFFICE USE ONLY

Received by: _____ Date: _____

Comments: _____