

Calendar/Event Form

(Please fill out fully for each event)

Date _____
By _____

Event Name:

Contact Person:

Date(s):

Setup Time:

Starting Time:

Ending Time:

Teardown Time:

Location(s)- Check all that apply:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Classroom _____ | <input type="checkbox"/> Sanctuary |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Social Hall |
| <input type="checkbox"/> Library | <input type="checkbox"/> Tree Yard |
| <input type="checkbox"/> Lobby | <input type="checkbox"/> Other _____ |

Expected Number of people:

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 0-5 | <input type="checkbox"/> 20-60 |
| <input type="checkbox"/> 5-10 | <input type="checkbox"/> 60 + |
| <input type="checkbox"/> 10-20 | |

Event Synopsis:

Special Requests- Check all that apply (note quantity):

- | | |
|---|---|
| <input type="checkbox"/> Chairs _____ | <input type="checkbox"/> Up-Light color _____ |
| <input type="checkbox"/> Coffee, tea, water setup | <input type="checkbox"/> Tablecloths _____ |
| <input type="checkbox"/> DVD | ○ Color _____ |
| <input type="checkbox"/> TV MONITORS | <input type="checkbox"/> Tables – |
| <input type="checkbox"/> Microphone(s) _____ | ○ Rectangular _____ 6 FT _____ 8FT |
| <input type="checkbox"/> Paper Goods _____ | _____ 4 FT |
| <input type="checkbox"/> Podium | ○ Skinny _____ |
| <input type="checkbox"/> Projector | ○ Round _____ |
| <input type="checkbox"/> S. Hall “drop down” screen | ○ High Tops _____ |
| <input type="checkbox"/> Screen | ○ Child size _____ |
| <input type="checkbox"/> Dance Floor | <input type="checkbox"/> Other _____ |

EVENT Set Up Sheet

Day: _____
Time: _____
Event Name: _____
Contact Person: _____
Phone Number: _____

