

Church Calendar Schedule Request

NEW

CHANGE

SET-UP REQUEST

CANCEL

Day(s) of week Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Date(s) # of People (required) START Time

Once Weekly Monthly Other - specify END Time

Event Name SET UP by

Ministry Area (required) Preferred Room #

Contact Person Phone # Email

No Special Set up Required- Use Room Default

Set up Requirements: # Chairs Portable White Board Microphones:

Rectangular Tables Lectern Lapel

Round Tables Handheld

TV Cart 1 Projector Polycom/ Skype/Facetime
(TV, DVD, Laptop) Conference Phone

TV Cart 2 CD player Sound Tech Screen
(TV, DVD, No Laptop)

Diagram/Description of special set-up, include any additional specifications:

For Office Staff Only

Date Requested _____ Date Entered _____ Completed By _____ Reservation # _____