

ST. NORBERT CHURCH
MEETING ROOM SET-UP REQUEST FORM

Set up forms are to be submitted 5 days prior to the event.

Group Name _____ Date & Time of Meeting _____

Date of Request _____ Room Reserved _____

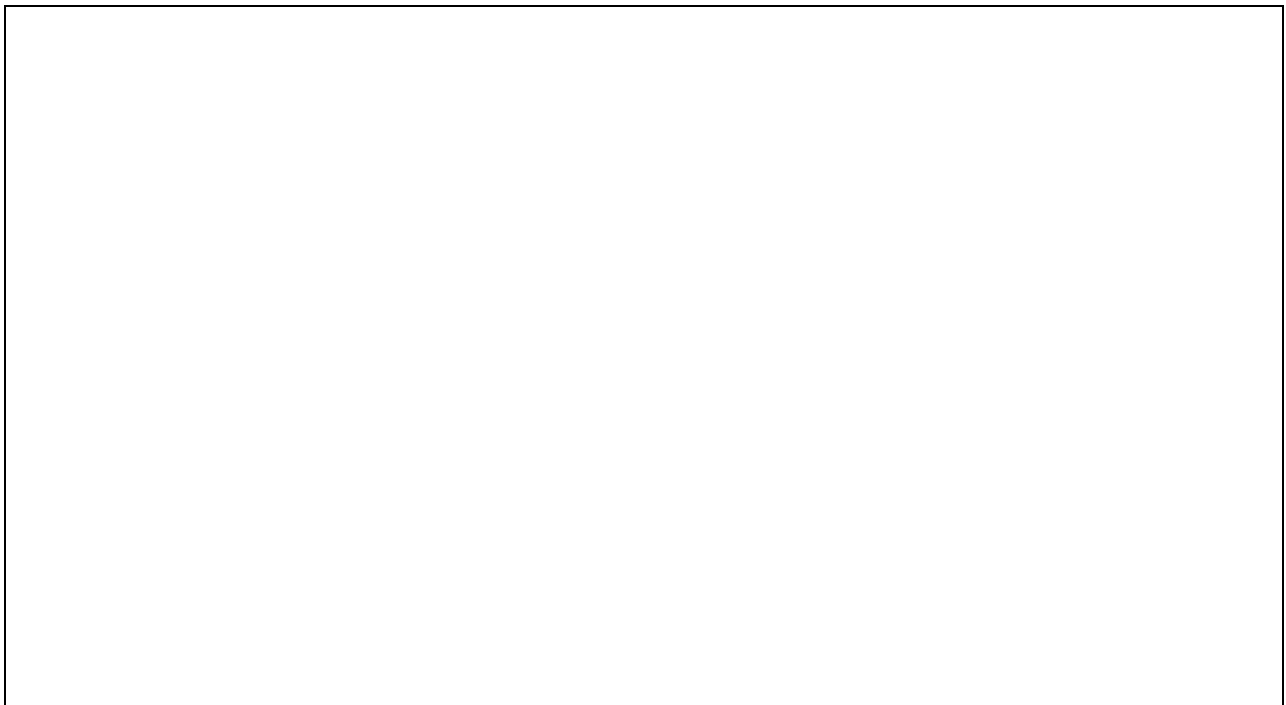
Contact _____ Daytime Phone No. _____

Anticipated No. of Attendees _____

Elevator _____ Air Conditioner _____ Heat _____

Note: Paper goods and utensils are not supplied.

SET-UP DIAGRAM



(Please draw a diagram above for placement of tables and chairs.)

Number of Tables _____

Number of Chairs _____

Walk thru/ orientation completed Yes No

Date: _____