

**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: _____

Equipment Request: _____ Overhead Projector _____ Podium _____ Microphone(s)
_____ VCR/TV _____ Elevator _____ Air Conditioner _____ Heat

Supply Request: _____ Coffee Pot(s) _____ Reg. Coffee _____ Decaf. Coffee
_____ Tea Bags _____ Coffee Stirrers

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: _____