

Room Usage / Activity Set-Up Form

Date room needed: _____

Activity: _____

Request for room (s) #: _____

Time starting: _____ Time finished: _____

Set-up equipment needed:

No Set-Up: _____ # chairs: _____ # tables: _____ Microphone: _____ Podium: _____

ChalkBoard: _____ Overhead Projector: _____ Pull Down Screen: _____

Other: _____

Sketch of layout (use back of form if necessary):

Please submit to Jane Lincoln (jlincoln@d103.org) for approval

Today's Date: _____

Requested by: _____ Group: _____ Phone: _____

cc: Ken Carlson Approved: _____