

**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

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: _____