FACILITY SET-UP REQUEST

ORAGANIZATION NAME:_

(To be used only after facility use has been granted and confirmed)



USE

CONTACT PERSON:	TITLE:		
PHONE: ALT. PHON	Е:		
ROOM TO BE USED: DATI (For McCready Hall usage please indicate North, South			
Is this a one time use? no, please list dates:			
FUNCTION INFORMATION:			
Type of function: number attend	ing;		
Organization is expected to begin preparation by:	AM PM		
Actual Start time: AM PM End time:	AM PM		
Clean - up (by organization) is expected to be complete	ed by:AM PM		
SET - UP is expected to be completed by: AM PM			
REQUESTED MATERIALS:			
#tables round or long	# microphone		
# chairs	#		
# podium	#		
Received by Office Maintenance Department or	l		
Important Note This form must be submitted TWO weeks prior to engagement to ensure Set-Up Request. ALL groups are responsible for clean-up			

NEXT PAGE FOR SET-UP DIAGRAMS

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	Please use this area of this form for McCready Hall use only		
	Stage Area		
	North Side McCready Hall		
	Room Divider		
	South Side McCready Hall		
	Kitchen Area		
	For other rooms please use this area of the form.		
Please indicate room			