SPECIAL MINISTRIES EVENTS SET-UP REQUEST FORM

*This form should be completed at least 2 weeks prior to the event.

Name of Event:					
Date of Event:		Today's Date:			
Begin Time:	a.m./p.m.	. End Time: a.m./p.m.			
Location:					
Requesting Minist	ry:				
Contact Person:					
Phone:	E-Mail	E-Mail Address:			
Time wh	nen set-up must be comp	oleted: a.m./p.m.			
(Note: Please allo	w 2 hours between any	events in the same location.)			
Number of people attending:		Will refreshments be served? Yes No			
Name of catering company:					
Contact (w/ phone number):					
	Ar	e tables and/or chairs required? Yes No			
		# of round tables:			
		# of rectangular tables:			
		# of chairs:			
ls	there any other special e	equipment or furniture required? Yes No			
	Coat racks:	Paper Table Cloths:			
Podium: _	Additional T	rash Cans/Recycling Bins:			
	Microphone:	TV/DVD Television:			
Microphone:	CD Player:	LCD Screen:			
(Please caref	ully diagram room set-u	o on reverse of this form.)			

SPECIAL EVENTS SET-UP REQUEST FORM

Please sketch the specific set-up for the room that you are reserving, noting the location of the furniture and any other specific requirements (e.g., coat rack location,

trash bin location, etc).

				/	
,					
	,				
				н	
				9	

Please fax your completed form to: 309-674-1950 or deliver to **Facilities Management** Pentecostal Church of Jesus Christ 401 Elm Street Peoria, II 61605 If you have any questions, please call 309-674-1924 2 of 2