

Facility Use Set-Up Request

Event:			
Date of Event:	Start Time:	End Time:	
Organization Representat	tive Arrival Time:	Departure Ti	me:
Room(s) to be used:			
Set-up completed by:			
Staff Contact:			
No. of Persons Participati	ng:		
Special Needs: Is food being serve	ed? □ yes □ n	10	
Is food being prepa	ANSWERED TO ABOVE (ared on-site or is it being ca l at Trinity Food wil	atered?	prepared
_	prepared by Trinity Kitcher contact of catering company	_	
Note: If kitchen use is re	tchen appliances needed? equested, please contact the church also includes use of the ovens to	h hostess four weeks prior i	
Beverages needed i □ Coffee	· ·	Vater	
Will Trinity's line	ns be needed? □ yes	□ no	
Will Trinity's flaty	vare and stoneware be need	ded? □ yes	□ no
What Audio/Video	capabilities are requested?	?	
	uipment includes: Two(2) large screen. Full sound system, with lapel		
Other A	/V Equipment requests:		
Date Requested:	Requ	iested by:	
Received by Church Secre	etary	Date	

Please draw a diagram on the back of this form to show the desired set-up of the room.