

CALENDAR REQUEST

Day _____ Date _____

Current Date: _____ Day/Date Needed: _____ / _____

Event: _____ Room: _____

Setup/Clean Begin: _____ End: _____ Meeting Time Begin: _____ End: _____

Group Making Request: _____

Requested by: _____ Phone No.: _____

Childcare Needs

Yes _____

No _____

Sound Needs

Yes _____

No _____

Video Needs

Yes _____

No _____

Type: _____

Van Needs

Yes _____

No _____


Number of vans: _____

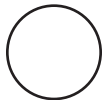
WORK ORDER INSTRUCTIONS/DIAGRAM

In the space below please draw and/or describe what is needed, including tables, chairs, microphones, projectors, and any other special items.

Items Needed:

 _____ # needed

 _____ # needed

 _____ # needed

X = Chair _____ # needed

Room Set-up:

Office Use

Initial & Date of Approval _____

Entered on Calendar _____