

OUR LADY OF THE VALLEY PARISH

ROOM SET-UP REQUEST

Please fill out the form and return to the Parish Office as soon as possible prior to the event.

Organization / Ministry _____

Contact Name _____

Contact Phone Number _____

Room Number _____

Date _____

Set-Up Time _____ Start – End Time of Event _____ to _____

(Space will be available ½ hour prior to start time)

# Card Tables	# Chairs	# 6 foot Tables	# Round Tables

Special Equipment Needed:

TV	VCR	Microphone	Paper Products	Other

Draw a schematic showing how the room should be set-up. Also include any miscellaneous information not covered above.

Signature

Date

OFFICE USE ONLY Date Received _____