

# SET-UP FORM

Date of Function \_\_\_\_\_ Time \_\_\_\_\_

Room Name or Number \_\_\_\_\_ Group Name \_\_\_\_\_

Requested by \_\_\_\_\_ Phone \_\_\_\_\_

Description of Set-Up

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Diagram (if necessary)

Equipment (if necessary)

☐ TV/DVD Player    ☐ Projector    ☐ Computer    ☐ Screen/Wall    ☐ Flip Chart

☐ Other \_\_\_\_\_

(Check One)

☐ One time set-up

☐ Ongoing set-up

Dates: \_\_\_\_\_

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