

ACTIVITY SET-UP REQUEST

<p>Circle Day: Sun Mon Tue Wed Thu Fri Sat</p> <p>Event Date <i>(Note if recurring)</i>: _____</p> <p>Event Name: _____</p> <p>Event Time: <i>from</i> _____ <i>to</i> _____</p> <p>Set-up by: <i>date</i> _____ <i>time</i> _____</p>	<p>Date of Request: _____</p> <p>Contact Name: _____</p> <p>Contact Telephone: _____</p> <p>Email Address: _____</p> <p>Requested By: _____</p>
<p><u>Reserve Space</u></p> <p>Church _____</p> <p>Social Hall _____</p> <p>Conference Room _____</p> <p>Staff Lounge _____</p> <p>Meeting Rooms:</p> <p>1 ___ 2/4 ___ 3 ___ 5 ___ 9/11 ___</p> <p>10/12 ___ 13 ___ 14 ___ 15 ___</p>	<p><u>Request Use of AV System</u></p> <p>Please circle each function you would like to use from list below:</p> <p style="text-align: center;"> VIEW VIEW IPAD MOVIE ROKU COMPUTER LAPTOP CAMERA PODIUM MICROPHONE HAND-HELD MICROPHONE/S </p> <p>Request Time for Turn-on Support _____</p> <p>Request Time for Turn-off Support _____</p> <p>A/V Assistance needed during event: _____</p>

Notes/Special Instructions _____

Questions? Contact: Bob Schmidt (248) 804-7978 or Tom Simpson (248) 807-6902.