

ACTIVITY CENTER EVENT SET UP
TURN IN FIVE DAYS BEFORE THE EVENT

ORGANIZATION/CONTACT NAME: _____

PHONE # _____ DATE OF EVENT _____ GROUP SIZE _____

DATE AND TIME SET UP TO BE COMPLETED _____

Available for use: Round tables, 4, 6, & 8 foot rectangular tables, chairs, tablecloths

Additional equipment (circle if needed) – TV/VCR – VIDEO PROJECTOR – FLIP CHART – PODIUM –
MICROPHONE, wireless or handheld – OTHER (INDICATE) _____

If provided, we will set up plates, napkins, flatware, cups, beverages

SET UP STYLE (circle applicable): Conference – Audience - Food - Sit Down - Buffet

chairs needed _____ # and shape tables needed _____

