

ROOM CONTRACT AND SET-UP SHEET
FOR PLC BUILDING
*(Set-up forms need to be in the office at least **TWO (2)** days prior to meeting)*

Title of Meeting: _____
Day of the Week: _____ Date(s): _____
Time of Meeting: _____
Your Name: _____
Phone Number: _____
Staff Contact Person: _____ Set-up Time: _____
Anticipated Attendance: _____
Set-up Description: _____

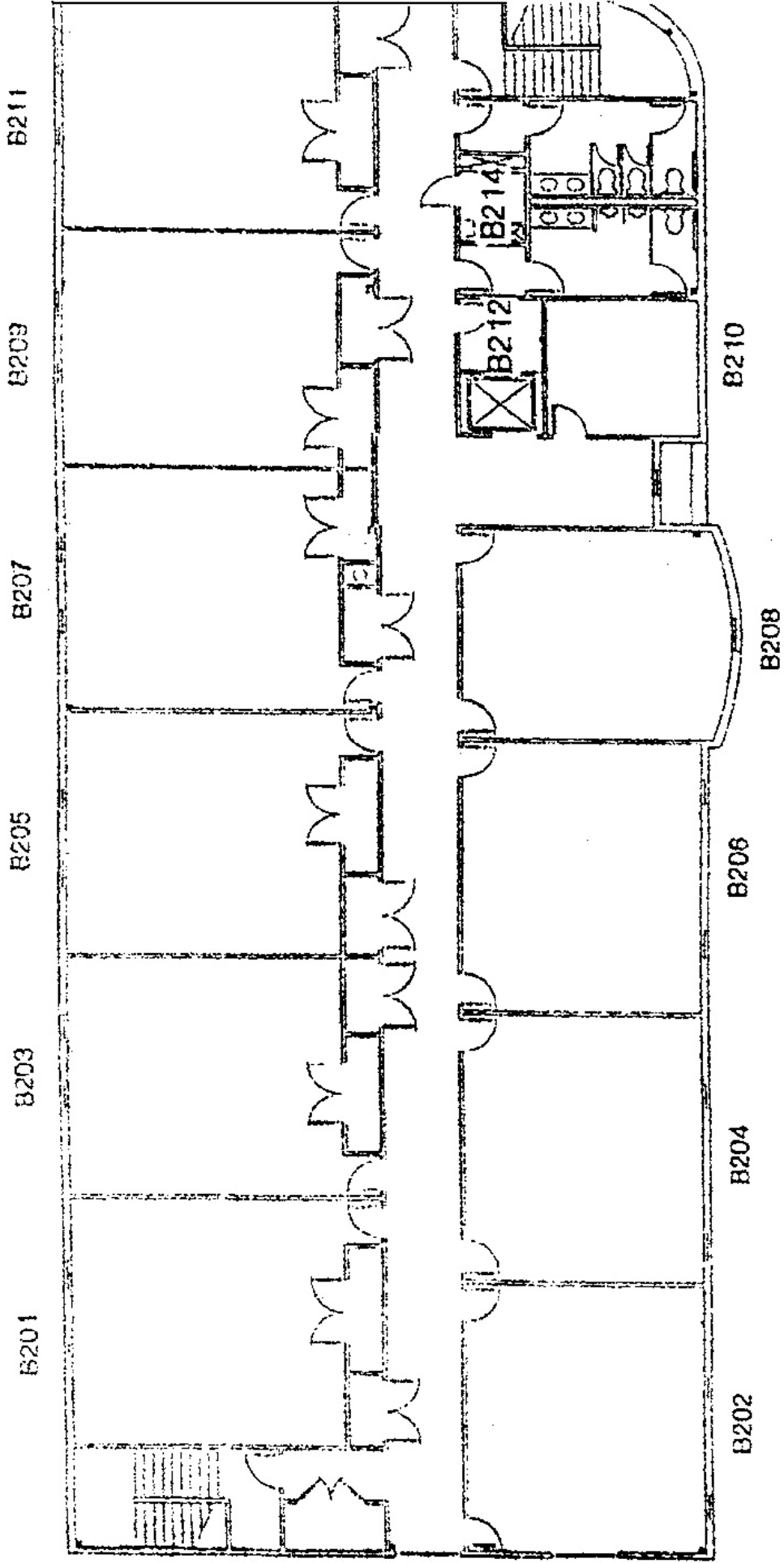
Supplies Needed:

- | | | |
|--|---|---|
| <input type="checkbox"/> Tables, 6 foot _____ | <input type="checkbox"/> Round Tables _____ | <input type="checkbox"/> Extension Cord _____ |
| <input type="checkbox"/> Chairs _____ | <input type="checkbox"/> Prayer Table _____ | <input type="checkbox"/> TV-VCR _____ |
| <input type="checkbox"/> Overhead Projector/screen | <input type="checkbox"/> Podium | <input type="checkbox"/> TV- DVD _____ |
| <input type="checkbox"/> Coffee Service _____ | <input type="checkbox"/> Microphone | |

Building usage guidelines have been developed which spell out your group's responsibilities when using CGS Facilities. If you have not previously read the guidelines ask for a copy and read them before scheduling your room. Use of the room entails some responsibilities. Your signature below indicates that you and/or your group understand and intend to carry out the responsibilities.

Your signature: _____ Date: _____

Parish Life Center/ PLC



Second Floor Plan Date(s) Needed: _____