

# EVENT/MEETING SCHEDULING & WORK ORDER FORM

ALL information in the top section must be completed at the time the request is submitted.

*Incomplete forms will be returned to the originator.*

Please allow a minimum of one-week lead time on all events.

Desired Event Date: \_\_\_\_\_ Day of the Week: Sun Mon Tue Wed Thu Fri Sat

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Event Name: \_\_\_\_\_

Sponsoring Committee/Group \_\_\_\_\_

Contact Person Name, Email, Phone \_\_\_\_\_

Location/Room(s) requested: \_\_\_\_\_

.....  
**COMPLETE THE SECTION BELOW IN DETAIL FOR AN EVENT/ACTIVITY**

**REQUIRING ANY OF THE FOLLOWING:** (please check)

Set-up assistance needed from staff Yes\_\_\_ No\_\_\_

Volunteers to help before, during, or after the event Yes\_\_\_ No\_\_\_

Donations of food or beverage items from CCC members Yes\_\_\_ No\_\_\_

(A copy of the work order will be forwarded to the appropriate staff/committee/group)

**\*Set-Up Requirements: Please include a diagram ON THE BACK OF THIS FORM if a specific layout is needed**

#of Tables: \_\_\_ Round                      \_\_\_ # Chairs                      \_\_\_ # Music stands  
                  \_\_\_ Card Table                    \_\_\_ Microphones                    \_\_\_ Use of 4<sup>th</sup> fl. kitchen  
                  \_\_\_ 6ft. rectangle                    \_\_\_ Projector                        \_\_\_ Use of Davis Rm kitchen  
                  \_\_\_ 8ft. rectangle                    \_\_\_ Screen \_\_\_ Large \_\_\_ Small

Other Equipment Requested and/or Set-up Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
**Office Use Only**

Fellowship Team     Pit Crew     Coffee Hour     Staff Set-Up     Bereavement