

SJW Parish Center/Room Set Up Request

Submitted by: _____ Date submitted: _____

Ministry/Department: _____

Name of Function: _____

Date of function: _____ Time of function: From: _____ To: _____

Room(s) to be set up: _____

Is this a standing request? ___Y ___N Date starting: _____ Date Ending: _____

Other Special Equipment Needs

Marker Board

Extension Cord

TV/VCR/DVD

Speaker Stand

Overhead Projector

Other _____

Projector for Computer

Other _____

For Office Use Only

Approved and Scheduled

Assigned to: _____

Not approved: Reason(s): _____

Authorized signature: _____ Date: _____