

TABLE SET-UP REQUEST FORM

Please submit this completed form to the office no less than 2 weeks prior to your event date.

Today's Date _____ Contact Person _____

Day time phone # _____ Your e-mail address _____

Event Name _____

Event Date _____

Location _____

When do you need the tables to be set up by? _____

Is this team being asked to take-down the tables as well? _____ If Yes...Earliest time available for take down _____

Do you have a group available to help with set-up and take down YES NO

If YES please list their names below

Number of attendees _____

Number of tables required _____

Table set-up format: (please check one)

Long rows

Square (2 tables side by side)

Other (please explain):

In the space below please provide a rough sketch of the layout you prefer (does not have to be to scale)