



Secondary Campus -- Room Setup Request

Please complete this form two weeks in advance of your event date to request setup, A/V or technical needs for the Annex, Auditorium, Commons, Library or classrooms. Email completed form to facilities@cvcsonline.org.

Date and time of event:			
Date request submitted:			
Event name:			
Room/rooms needed:	<input type="checkbox"/> Annex <input type="checkbox"/> Annex kitchen <input type="checkbox"/> Auditorium	<input type="checkbox"/> Classroom(s) # _____ # _____ <input type="checkbox"/> Commons <input type="checkbox"/> Library	
Brief event overview/description:			
# of people expected:			
Date and time of rehearsal, if needed:			
Contact Person:		Cell #:	Email Address:

Equipment Needed:

Draw a diagram of setup showing where tables, chairs, equipment should be placed. Scan and email with event title on diagram to facilities@cvcsonline.org.

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|--|--|---|
| <input type="checkbox"/> Lectern | <input type="checkbox"/> CD Player | <input type="checkbox"/> Technician Needed? |
| <input type="checkbox"/> A/V Side Table
Beside Lectern | <input type="checkbox"/> Video | |
| <input type="checkbox"/> Stage Set Up | <input type="checkbox"/> Projector | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Choir Risers # _____ | <input type="checkbox"/> PowerPoint | |
| <input type="checkbox"/> Curtain Open | <input type="checkbox"/> Screen Down | |
| <input type="checkbox"/> Curtain Closed | <input type="checkbox"/> Laptop with
Internet Access | |
| <input type="checkbox"/> Chairs Set Up in
Theater Style
Quantity: _____ | <input type="checkbox"/> Sound System | |
| <input type="checkbox"/> Tables
Quantity: _____ | <input type="checkbox"/> Lighting | |
| <input type="checkbox"/> Chairs Around
Tables. Quantity
Per Table: _____ | <input type="checkbox"/> Microphone(s)
Type & Quantity:
Lapel _____
Handheld _____
Cordless _____
Choir _____ | |

