



## Secondary Campus -- Room Setup Request

Please complete this form two weeks in advance of your event date to request setup and technical needs for the Annex, Auditorium, Commons, Library or classrooms. Email completed form to [facilities@cvcsonline.org](mailto:facilities@cvcsonline.org).

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

- **Draw a room diagram and/or stage setup** showing where tables, chairs, risers, backdrops, equipment, etc. should be placed. Scan and email with event title on diagram to [facilities@cvcsonline.org](mailto:facilities@cvcsonline.org).
- ***Apple/Mac Users*** – You will need to bring your own adapters and make sure any flash drive presentations work in a Windows environment (“Save As” a PPT)

### Select Items Needed

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Podium   | <input type="checkbox"/> Computer with Internet run from front (15 pin) | <input type="checkbox"/> Technician Needed? |
| <input type="checkbox"/> Stage Set Up                                   | <input type="checkbox"/> Computer with internet run from back           | Other information:                          |
| <input type="checkbox"/> Choir Risers # _____                           | <input type="checkbox"/> Side Table Beside Podium                       |   |
| <input type="checkbox"/> Curtain Open                                   | <input type="checkbox"/> Sound System                                   |   |
| <input type="checkbox"/> Curtain Closed                                 | <input type="checkbox"/> Stage Lighting                                 |   |
| <input type="checkbox"/> Chairs Set Up in Theater Style<br>Qty.: _____  | <input type="checkbox"/> Microphone(s)                                  |   |
| <input type="checkbox"/> Tables Qty.: _____                             | <input type="checkbox"/> Lapel ( 1 )                                    |   |
| <input type="checkbox"/> Chairs Around Tables.<br>Qty. Per Table: _____ | <input type="checkbox"/> Handheld Cordless ( 1 )                        |   |
| <input type="checkbox"/> CD Player                                      | <input type="checkbox"/> Handheld _____                                 |   |
| <input type="checkbox"/> DVD/Video                                      | <input type="checkbox"/> Choir _____                                    |   |
| <input type="checkbox"/> PowerPoint                                     |   |   |
| <input type="checkbox"/> Projector                                      |   |   |
| <input type="checkbox"/> Guest Wi-Fi                                    |   |   |

