

Alpharetta First United Methodist Church

Event Setup Request Form

Event Name: _____

Event Date: _____ Day of Week: _____ Location: _____

Setup Time: _____ Start Time: _____ End Time: _____

Recurring? Yes No If yes, will occur every _____ until (end date) _____

Submitted by: _____ Phone: _____

Calendar Request Made? Yes No Change to previously submitted request? Yes No

***Staff Approval:** _____ (No request will be completed without staff approval)

****Submit at least 2 weeks prior to large events & 1 week prior to standard events.**

*****For assistance with any A/V needs outside what is listed below, please submit an A/V Request Form and contact aginn@afumc.org.**

Please check all of the following needed & describe setup in detail below.

Unlock Lock Doors

TV

Return to normal set-up on _____

DVD Player

Clean-up

Flip Chart

Large Trashcans

Podium

Tables (round or rectangular - please circle)

Extension Cord(s)

Chairs (#: _____)

Risers (step or platform - please circle)

Piano

Ice

FOR OFFICE USE ONLY

Received on: _____

Completed by: _____ Date: _____ Time: _____