

**CHURCH OF THE VALLEY
FACILITIES REQUEST AND SET UP FORM**

For room coordination you are asked to complete this form, stating your needs for your function.

Group: _____

Person requesting set-up: _____

Phone: _____

Date needed: _____

Room: _____

Time: _____

Please indicate what your needs will be*: (Round tables, rectangular tables, chairs, tech equipment, ect.) _____

Please draw a diagram of the set up you require:

Facilities Manager: _____ Tech Director: _____

Custodian(s) assigned: _____ Date received: _____