Event Set-up Information Form

Type of Event: _____

Date and Time: _____ **Approximate End Time**:_____

Room(s) used: _____**Expected number of participants:**_____

Check the following items needed to be set-up:

Round Tables_____   Rectangular Tables_____   Chairs_____   Table Cloths_____   Cloth Napkins_____

Coffee_____   Cold drinks_____   AV sound with screen_____   AV sound only_____   PA system_____

If food is being served specify:

Dairy/Parve_____   Meat_____   Hot food_____   Cold food_____   Buffet Service_____   Table Service_____

Who is supplying the food, beverages, Ice? _____

Will the event be professionally catered? If yes, by whom?_____

Will the service of ushers be needed? _____

Describe what participation is requested from the RJC custodian, i.e. unlocking building, set-up, clean-up, attendance for the entire duration of the event, or other specific service:

Name and phone number of contact person if there are questions:

_____