

PTO event Room Setup form

Please turn in to Ms. Campbell at least 1 week prior to event

Event Name _____

Event Date _____

Time setup needed by _____
(please note gym can't be set up before 4:30 on school day)

Event location (gym, LMC, classroom #) _____

Requested by: Name and Date _____

Number of tables needed _____ Number of chairs _____

Audiovisual equipment needed (microphone and speakers, projector, screen, etc)

Any special instructions: _____

Please include a drawing of your setup (location of tables, chairs, etc)

