



ROOM REQUEST SET-UP FORM

First Presbyterian Church of Bryan, Texas

This form is to be completed and submitted to the Custodial Supervisor.

Contact Person: _____ Date Submitted: _____

Contact Phone: _____ Contact Email: _____

Event Name/Purpose: _____

Date of Activity: _____ Time of Activity From: _____ To: _____

Expected Attendance: _____ # of Tables Needed: _____ # of Chairs Needed: _____

REQUESTED SET-UP DATE: _____ **REQUESTED SET-UP TIME:** _____

Instructions/Comments/Other Equipment: _____

ROOM(S) REQUESTED

(Check all that apply)

Sanctuary Fellowship Hall Carter Creek Foyer Kitchen Classroom Name or # _____

CHURCH MEMBERS ONLY: Parlor Patio Kitchenette

DRAW HOW YOU WANT THE ROOM ARRANGED BELOW AND/OR ON THE REVERSE SIDE.