

## **Event Setup Form**

## **Mary Helen Guest Elementary**

\*\*\*Please use back for diagraming of layout and setup\*\*

Date(s) of Event	Start Time	End Time	eTitle of	Event		
Name of person completing this form		Cell#				
<b>Event Location</b>						
<b>□</b> Cafeteria	☐Learning Commons	□Gymnasium	□Classrooms	□Playground	□School-wide	□Other
Does the church across the street need to be notified for additional parking? ☐ Yes ☐ No						
Use the space below for notes or pertinent information regarding the event:						
					**	*
					***	*CONTINUE ON BAC
EVENT EQUIPMENT AND NEEDS			Please use spa	ce below to list a	ny additional equi	pment needs.
Garbage cans needed?	☐ Yes ☐ No and	I how many				
Extension cords needed?	?	I how many				
Tables (6ft) needed?	🗆 Yes 🖵 No and	☐ Yes ☐ No and how many				
Chairs needed?	🗆 Yes 🖵 No and	I how many				
Use of school kitchen?	☐ Yes ☐ No					
Projector and screen nee	eded? ☐ Yes ☐ No					
Laptop needed?	☐ Yes ☐ No					
Use of the stage needed	? □ Yes □ No					
Microphone needed?	☐ Yes ☐ No					
Wifi password needed for guests? ☐ Yes ☐ No						
***FOR OFFICE USE ONLY***						
If required, date tables and chairs were ordered from ESC? by by						
□ Copy to custodian □ Copy to principal □ Copy to file □ Copy to appropriate stare [Café/gym/media/SEL re						

