



Event Set-Up Form

Name of Event: _____
Contact: _____ Contact Phone Number: _____
Date(s) of Event: _____ Location: _____
Time of Event: _____ to _____ Completed by: _____
Total People: _____

Please provide (Indicate number where necessary):

_____ 8' longs _____ 72" rounds _____ 60" rounds _____ bridge table(s)
_____ podium with microphone _____ large TV _____ Coffee Setup (coffee/tea/iced water)
_____ Forks _____ Spoons _____ Knives _____ Hot Cups _____ Cold Cups
_____ Small Plates _____ Large Plates _____ Bowls _____ Napkins _____ Paper Table Cloth

Additional Requests: _____

Room Diagram

Please email completed form to Jodi, jfriedman@shiramipa.org
Ask her to reply to you to make sure she has all the information she needs
Add extra pages as needed.