

EVENT SHEET

Children

Young Adult

Adult Services

Other

Event: _____

Date/Day: _____ Time: _____

Program Title: _____

Presenter: _____ Phone: _____

Number of People: _____ Number of chairs: _____ Number of tables: _____

Other Equipment: _____

Special Setup required: NO / YES _____

Full Room, 1/2 Room, Board Room, Kitchen – Please Circle

Staff Signature: _____ Maintenance: _____

Date Submitted: _____ Set- up Completed: _____

