

Date: _____

RICHARDSON ELEMENTARY SET UP FORM

Location: _____

Name of Event: _____

Date of Event (include day of the week): _____

Actual Time of Event: Start: _____ End: _____

Set up needs to be completed by: _____

Facility Set Up

Tables # _____ Chairs # _____

Equipment Set Up

Sound System	Yes/No
Podium	Yes/No
Microphone	Yes/No
Overhead Projector	Yes/No
TV/VCR	Yes/No
Laptop/Data Projector/LCD	Yes/No

Odds & Ends

Does the event require Parks and Recreation to be cancelled? Yes No

Diagram:

Please make three copies for the following people:
Head custodian, principal, and principal's secretary