



Our Lady of Mt. Carmel FACILITIES SET-UP REQUEST

ORGANIZATION NAME: _____

Contact Person: _____ Title: _____

Home Phone: _____ Alternate Phone: _____

Facility: _____ **Date of Function:** _____

(For McCready Hall please indicate North, South, or Entire Hall)

Type of Function: _____ Number Attending: _____

Time of Function: _____ AM/PM **End Time:** _____ AM/PM

Arrival Time: _____ AM/PM Departure Time: _____ AM/PM

Set-up is expected to be completed by: _____ AM/PM

Materials Required: (Number of chairs, tables, TV/VCR, podium, microphones, etc.)

_____ (item) # _____ (item) # _____

_____ (item) # _____ (item) # _____

_____ (item) # _____ (item) # _____

DRAWING OF SET-UP EXPECTED:  NORTH

Please Note: This form MUST BE SUBMITTED to the parish office TWO weeks prior to the event date to ensure Special Set-Up Request. All Groups responsible for clean-up.