



## Facility Use Set-Up Request

Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Organization Representative Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Room(s) to be used: \_\_\_\_\_

Set-up completed by: \_\_\_\_\_

Staff Contact: \_\_\_\_\_

No. of Persons Participating: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Would you like food to be served?  yes  no

**IF "YES" ANSWERED TO ABOVE QUESTION:**

Our Culinary Director is available to cater your event. Are you interested in this service?

yes  no

If you had other plans in mind, would the food be prepared on-site or is it being catered?

Prepared at Trinity  Food will be brought already prepared

If being catered, please provide the caterer name and contact information:

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Is the use of the kitchen appliances needed?  yes  no

*Note: If kitchen use is requested, please contact the Culinary Director at least two weeks prior to the event to make any arrangements. This also includes use of the ovens to "warm-up" food.*

Beverages needed from Trinity:  Coffee  Tea  Water

Will Trinity's linens be needed?  yes  no

Will Trinity's flatware and stoneware be needed?  yes  no

Will a custodial staff member need to be present during the event?  yes  no

What audio/video capabilities are requested?

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Other A/V Equipment requests: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Requested by: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

*Please draw a diagram on the back of this form to show the desired set-up of the room.*