



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:

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?

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.