

# MEETING/ACTIVITY ROOM REQUEST FORM

Ministry/ Organization: <b>LIFE Male STEAM Academy</b>
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Day of Event	Sun.	Mon.	Tues.	Wed.	Thurs. 11/14/19	Fri.	Sat.	Date of Event:
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Time of Event: Beginning: <b>6:30 p.m.</b>	Ending Time: <b>8:00 p.m.</b>
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Room(s) Requested: <b>Social Hall</b>
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**(Draw a diagram of the room/table set-up on the reverse side of this sheet)**

Advance Notice **IS REQUIRED FOR SPECIFIC MEDIA SETUP** - Contact Media Ministry

Check Box For Equipment or Services Needed	YES	NO	Comments
DVD / VCR Player			
Microphone (Please indicate how many needed in Comments) (See Technician for instructions of use)	<input type="checkbox"/> Wired <input type="checkbox"/> Wireless		
Laptop (See Technician for instructions of use)			
Overhead projector	Yes		
Video Projector (See Technician for instructions of use)	Yes		
Audio Technician			
Kitchen Facilities			
Kitchen Equipment			
Usher Ministry			
Nurses Ministry			
Other Ministry (Please Specify in Comments)			
Tables /Chairs (Indicate how many in Comments)	Y		8 tables with 8 chairs each
Security			
Maintenance			
Entrance into the Building (Indicate time in Comments)	Yes		<b>5:30 p.m.</b>
<b>Key Person in Charge Name:</b> <b>Nadine Banks</b>			<b>Contact Number:</b> <b>412-953-4407</b>
Set-up/Clean-up Committee			

## **CUSTODIAN USE:**

Was the area left clean and everything returned in proper order:                      Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, list the problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_