



**EVENT SETUP FORM**  
**Church of the Holy Apostles**  
 1380 Wolf River Boulevard  
 Collierville, Tennessee 38017  
 901-937-3830  
 www.holyapostlestn.net

This form is to be completed by the person requesting the space, and given to the Parish Administrator **at least two weeks prior to the event date.**

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Check One:  Parish Event  Outreach Event  Outside Group

Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

e-mail: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_ No. Attending: \_\_\_\_\_

**SET UP REQUESTED TO BE COMPLETE BY (date & time):**

**ROOM REQUIREMENTS:**

Room Name: \_\_\_\_\_  Check Set Up Diagram on back for arrangement

No. of Round Tables: \_\_\_\_\_ No. of 6 ft. Tables: \_\_\_\_\_ No. of Chairs: \_\_\_\_\_  High Chairs Needed

Using the Courtyard?  Using Other outdoor space?  Using the Nave?

**EQUIPMENT NEEDED:**

<input type="checkbox"/> Sound System	<input type="checkbox"/> Computer	<input type="checkbox"/> Lectern	Supplies for Parish Events:	
<input type="checkbox"/> Microphone	<input type="checkbox"/> Computer Projector	<input type="checkbox"/> Easels, No. Needed: _____		<input type="checkbox"/> Name tags
<input type="checkbox"/> Extension Cord	<input type="checkbox"/> TV/DVD	<input type="checkbox"/> Signage		<input type="checkbox"/> Push pins
<input type="checkbox"/> Screen	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Masking tape		

**BEVERAGES NEEDED:**

Regular Coffee  
 Decaffeinated Coffee  
 Hot Tea  
 Iced Tea  
 Water  
 Other (specify): \_\_\_\_\_

**DISPOSABLE PRODUCTS**

**NEEDED:**  
 Plates  Forks  
 Bowls  Knives  
 Napkins  Spoons  
 Hot Cups  Cold Cups  
 Tablecloths

**OTHER ITEMS NEEDED:**

Salt/Pepper  
 Sweetener  
 Sugar  
 Creamer  
 Stir sticks  
 Condiments (specify): \_\_\_\_\_

**HOSPITALITY ASSISTANT REQUIRED** (available nights and weekends only)

Time period required, beginning: \_\_\_\_\_ ending: \_\_\_\_\_

**CHILD CARE (Church Events Only)**  No  Yes No. of Children Expected: \_\_\_\_\_ Ages Expected: \_\_\_\_\_

**Additional Instructions:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

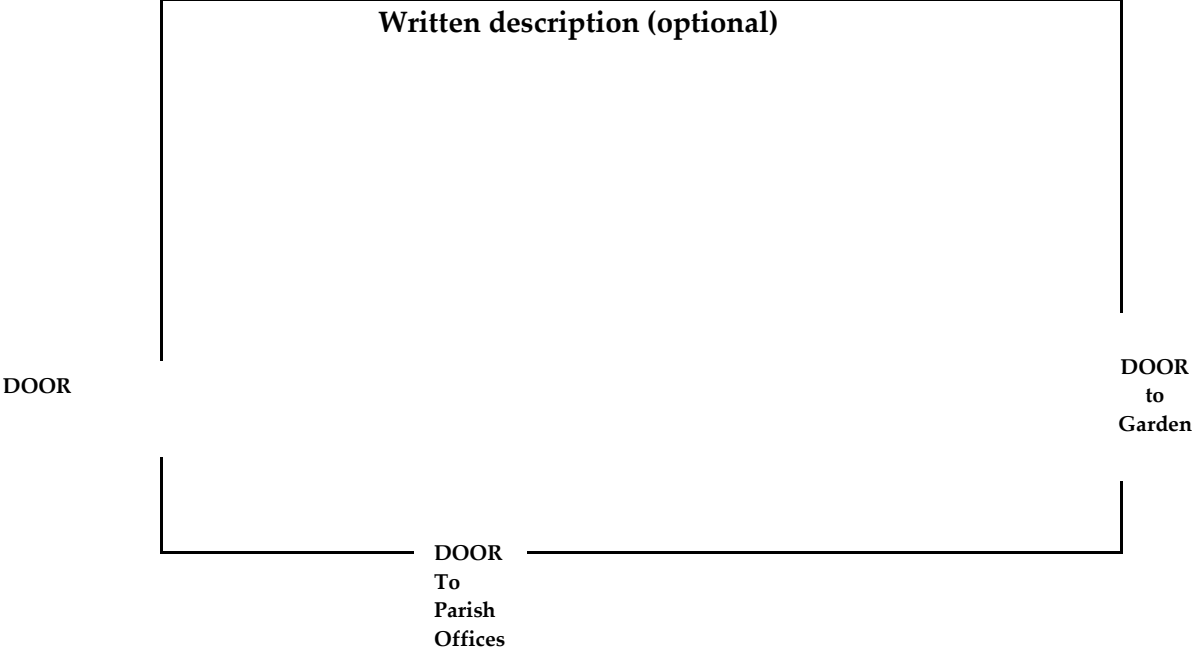
**Route to:**

Parish Administrator  Building and Grounds Chair   
 Hospitality Assistant  Intermediate Supervisor of Nursery

Draw or describe in the room you're using the set up you desire.

**PARISH LIFE CENTER**

**Wolf River Boulevard**



**OTHER PARISH ROOMS (GENERIC/TEMPLATE)**

