

PLEASE DRAW ANY DETAILED
DIAGRAMS ON THE REVERSE OF THIS
SHEET

WORK ORDER

(Form must be turned in two weeks prior to event)

Name and Ministry: _____

Phone: _____ Cell: _____

Request Date: _____

Event Date: _____

Room requested: _____ Set-up date and time: _____

Event Name: _____

Special Needs - Please specify items and quantity needed:

Round Tables _____ Rectangular Tables _____ Chairs _____

Table Cloths _____ (*check out, cleaning and pressing required by user.*)

Podium _____ Screen _____

Microphone _____ (*check out required*) TV-DVD-VCR _____

Kitchen available _____ (*paper products are not provided by St. Jude*)

Event starts: _____ AM _____ PM Event Ends: _____ AM _____ PM

Include set-up and clean-up time.

OFFICE USE ONLY

Set-up by _____ Check out by _____

Date _____ Forms attached _____