

# SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT

## Room Set-Up And Equipment Request (if necessary)

Name of Building: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Items Needed	Please Check	Amount Needed
Dais Tables	_____	_____
Meeting Tables	_____	_____
Chairs	_____	_____
Podium	_____	_____
Microphone	_____	_____
Projector/Screen	_____	_____
Computer/Computer Technician	_____	_____
Television	_____	_____
White Board	_____	_____
Flag	_____	_____

Other \_\_\_\_\_

Please provide a rough sketch of room setup below (if applicable).

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Date Need by: \_\_\_\_\_