OAKMONT RECREATION CENTER SET UP REQUEST OAKMONT AUDITORIUM Club/Event: Event Date: _____ Event Hours: ____ to____ - 59' -S Т Α G E K I T C H Work Tables: _____ Card Tables: _____ Chairs: _____ (seat 6) Podium/Microphone: ______ Projection Screen: _____ Other: Please Note: Set Up Request is due 4 weeks prior to your scheduled event. If a sound engineer is required, you will be billed for this after the activity and payment will be made directly to the Clubs and Activities Office after notification. All who use RCSC facilities are required to help maintain necessary cleanliness and operating condition of equipment. The kitchen must be left clean. No food is to be left on the premises. Please report any damage immediately to the appropriate Center's Supervisor. Contact Person: _____ Phone: _____