

MOUNTAIN VIEW RECREATION CENTER

SET UP REQUEST

AUDITORIUM

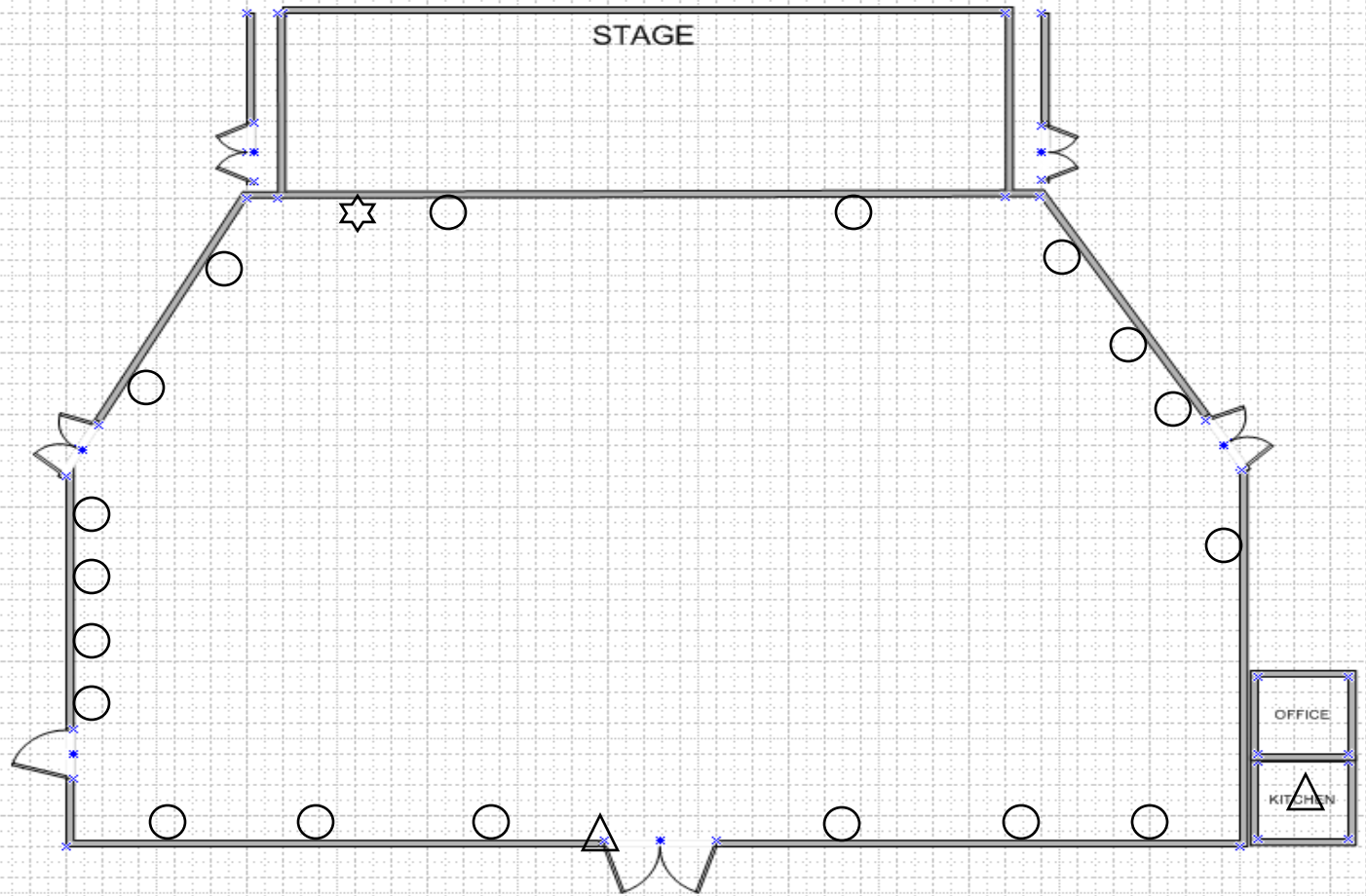
Club/Event _____

Responsible Party _____ RCSC # _____ Phone # _____

Event Date _____ Pre-Event ____ to ____ Event ____ to ____ Event Clean-Up ____ to ____

Sound Tech needed ____ Hrs. ____ at \$30 per hour

Entered in: RecTrac _____ Scanned _____ Emailed _____ A/V _____ Clubs Agent Initials _____



○ = Electrical Outlet △ = Fire Extinguisher ☆ = AV

6' Tables _____ 60" rounds ____ (only 10 available) Card Tables _____ Chairs ____ Risers/size ____

Coffee Pots _____ Arch _____ Easel _____ Screen _____

Podium/Mic _____ Wireless Mic _____ Projector _____ Computer Connection Type _____

(RCSC Custodial Crew, please tape all cords down and cover with floor mats/rugs if required)

SET-UP SHEETS REQUIRED 4 WEEKS PRIOR TO YOUR SCHEDULED EVENT!

Event Contact Person _____ Phone _____