



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 _____

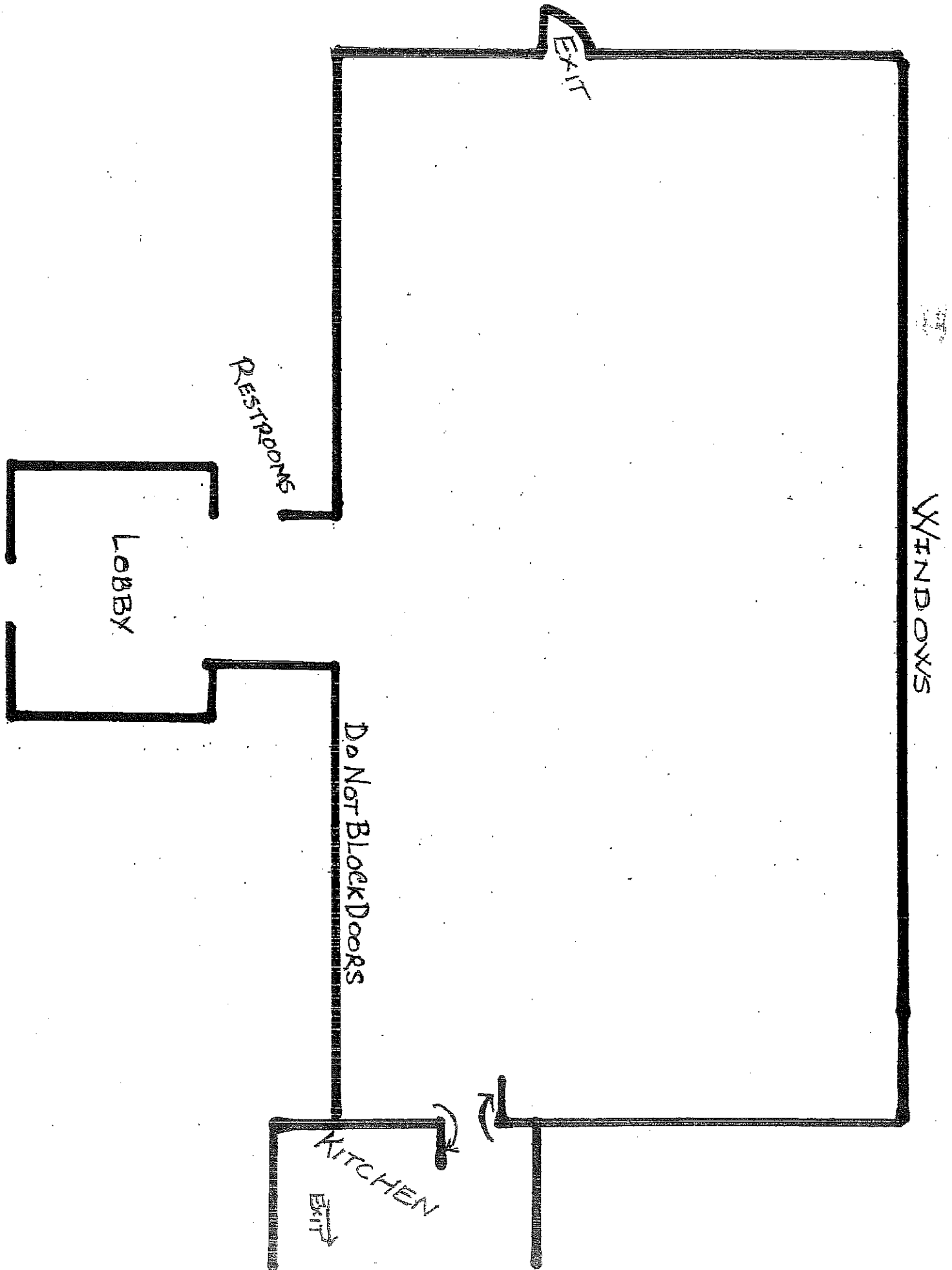
Microphone _____ (*check out required*) TV-DVD-VCR _____

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 _____



EXIT

RESTROOMS

LOBBY

WINDOWS

Do Not Block Doors

KITCHEN

EXIT

STAPLETON CENTER

Parish Hall

