



SAINT JUDE THE APOSTLE CATHOLIC CHURCH & SCHOOL

WORK ORDER

NO: _____

PLEASE DRAW
ANY DETAILED
DIAGRAMS ON
THE REVERSE
OF THIS SHEET

Name: _____

Phone: _____

Request Date: _____

Event Date: _____

Location: _____

Event Name: _____

Job Description: _____

Event starts: _____ *AM* *PM* Event ends: _____ *AM* *PM*

OFFICE
USE
ONLY

SET UP BY: _____

DATE: _____

