

FIRST BAPTIST CHURCH OF JEFFERSONTOWN
SET UP FORM
GYMNASIUM

Name of Ministry: _____

Type of Function: _____

Ministry Leader: _____

Home Phone: _____ Work: _____

Date Requested: _____ Date of setup: _____

Number of persons expected: _____

Is Stage Needed? Yes/ No

Number of Tables Needed: _____ Number of Chairs Needed:

Podium? Yes/ No

Mics ? Yes/ No If Yes, How many? _____

(Each Ministry is required to have volunteers for these responsibilities)

List all persons in charge of set up: _____ #

List persons that will be responsible for tear down/ clean up :

(ON A SEPARATE SHEET OF PAPER , DRAW HOW YOU WANT
TABLES ARRANGED)