

FIRST BAPTIST CHURCH OF JEFFERSONTOWN
SET UP FORM
LOWER LEVEL

Name of Ministry: _____

Type of Function: _____

Ministry Leader: _____

Home Phone: _____ Work: _____

Date Requested: _____ Podium? Yes/ No

Number of persons expected: _____

Number of Tables Needed: _____

Number of Chairs Needed: _____

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 BACK OF PAPER, DRAW HOW YOU WANT TABLES ARRANGED)