

FIRST BAPTIST CHURCH OF JEFFERSONTOWN
SET UP FORM
MULTIPURPOSE ROOM

Name of Ministry: _____

Type of Function: _____

Ministry Leader: _____

Home Phone: _____ Work: _____

Date Requested: _____ Date of setup: _____

Number of persons expected: _____

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)**