

NCTC MAINTENANCE SET-UP REQUEST

Submitted by (contact person):

Department:

Phone #

Name of Event:

Date & Time (starting & ending) of Event:

Starting: a.m.

Date:

Ending: p.m.

Date:

Location of Event (Gym, Little Theatre, Activities Center, etc.):

Date/time to set up:

Date/time to tear down:

Times for Security to Lock and Unlock doors:

Times for heat/air to be on and off:

Will you be decorating?

Yes

When:

Day Before

Time:

No

Day Of

How many are hours needed to decorate?

Number of People Expected:

Please give brief outline of event (table arrangements, stage, speaker's podium, etc.); with diagram to follow:

Note:

Sound required?

Yes

No

Specifics:

Projector/screen?

Yes

No

Specifics:

Other Notes: