

# Rye Presbyterian Church Meeting Request Form

Today's Date: _____	Contact person: _____
Date of Meeting: _____	Email: _____
Title of Meeting: _____	Telephone: _____
Room requested: _____	Number of people: _____
Start time (including set-up): _____	Is Sexton required? _____
End Time (including take-down): _____	Number of hours required: _____

## Audiovisual Requirements (Please check a box)

<input type="checkbox"/> None	<input type="checkbox"/> LCD Projector
<input type="checkbox"/> DVD Player	<input type="checkbox"/> Screen
<input type="checkbox"/> Easel	<input type="checkbox"/> Other: _____

## Kitchen Requests (Please check a box)

<input type="checkbox"/> Coffee	<input type="checkbox"/> Sugar/Sweetener
<input type="checkbox"/> Tea	For how many people? _____
<input type="checkbox"/> Milk	Any special instructions: _____

## Room Set Up

Number of Tables: _____	Table clothes: _____ yes/no
Table Size: _____	How many? _____
Serving Tables: _____	Plastic or Cloth? _____
Number of Chairs: _____	
For cups, napkins, plates, silverware – please indicate special instructions _____	
Plan for leftovers _____	

Any additional requests \_\_\_\_\_

\_\_\_\_\_

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