



Room Setup Request

This Form Must Be Submitted Four Weeks Prior To The Event/Program.

Event / Program name: _____

Date: _____ Setup Time: _____

Start time: _____ End time: _____

Room: _____ How many volunteers will be available
for clean-up after the Event: _____

Date of request: _____

Who is responsible for closing the building after the event? _____

Is security or traffic control needed for this event? _____

Has this been approved by a board member? _____

If yes, please provide their name: _____

Number of chairs: _____ Number of tables: _____

Other requests: _____

(Please use this space to draw a diagram of the setup)

Your contact information:

Name _____

Home phone Number _____ Cell phone number _____

Email _____

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