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FACILITY SETUP REQUEST

| Event: | | Group: | |
|---|-------------------|-------------------------------------|----|
| Is this a reoccurring event? ☐ Yes | □ No | | |
| Date Request Submitted: | Requested By: | | |
| Usage Date(s): from | | to: | |
| Reserved / Setup Time: | Event Start Time: | Event End Time: | |
| Room(s) Requested: | | | |
| Number Expected: | | Will You Need Kitchen Access? ☐ Yes | |
| Name: | | | |
| | | Evening Phone: | |
| Staff Contact: | | | |
| Equipment Needed: # Tables (30" Rectangular) (up # Tables (60" Round) (up to 18 # Tables (48" Round) (up to 6) # Chairs # Podium # Lavalier Microphone # Sound Reinforcement # Movie Screen # Overhead Projector # Slide Projector # VCR / Monitor # Portable Whiteboard | 8) | Room Diagram - (Please Fill Out) | N↑ |
| # Easel (Floor) # Flip-chart with Markers Special Equipment Requests: | | | |