

**THE NORTH PARISH OF NORTH ANDOVER
UNITARIAN UNIVERSALIST**

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ROOM SETUP REQUEST

Group requesting _____ Date Submitted _____

Type of function _____

Date of event _____ Time of event _____

Room(s) requested _____

Standing request Every _____ Until _____

Diagram of Room Setup

(please draw diagram showing location and number of chairs, tables, other special equipment needs, etc.)

Other Special Equipment Needs

(confirm availability)

Easel Speaker Stand Other _____
 Overhead projector Extension cord(s) Other _____

For Office Use

Approved and scheduled Sexton notified on _____
 Not approved because _____

Authorized Signature _____ Date _____