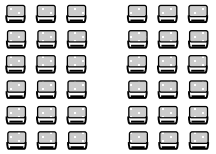
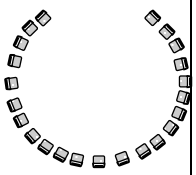
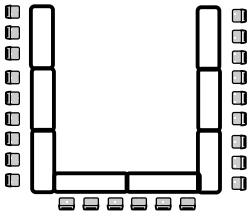
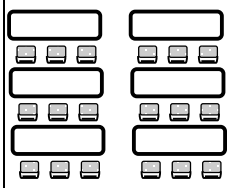
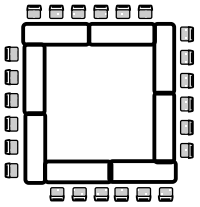
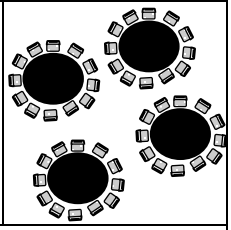
WORK ORDER FORM

Contact Name:		**Email:**			
Phone:		Cell:			
Facility Requested:			**Confirmed:**		
Event Name:					
Event Date:			**Event Time:**		
Setup Time:		**Cleanup Time:**		**Number of Guests:**	

Setup done by: Booking participants ☐ Sacred Heart Maintenance ☐

Map attached	Yes ☐	No ☐			
Tables	**Rectangular 72”**		**Round 72”**		**Chairs per Table**

Theater ☐	Circular ☐	U-Shaped ☐	Classroom ☐	Conference ☐	Banquet ☐
					

Setup details:

Media and Other Items *(where available)*

Microphone ☐ Projector ☐ Podium ☐ Trash Cans _____

Unlock Door Time: _____

Need Keys: _____

CC: Kate ☐ CC: Hazany ☐ CC: Suzie ☐ CC Lorena ☐ CC: Marco ☐ CC: Mona ☐

Approved by: _____ Today’s Date: _____

This form is for Internal Use Only