

Meeting Room Worksheet

Please fill out this worksheet for Meeting Room and send it in so that it arrives no later than 10 days before the date of your event.

*Your Meeting Room will be assigned based on group size no later than 10 days before your event.

TO BE FILLED OUT BY CAMP STAFF

Group Name: _____ Assignment: _____

Chair/Table Set Up

Number of Chairs: _____

Please check preferred arrangement:

- Rows
- Circle
- Semi-circle
- No chairs

Tables:

Please check size and list amount requested:

- 6 Foot _____
- 8 Foot _____

Audio/Visual Equipment

Please check preferred equipment and list amount requested:

Equipment:	Amount:	Equipment:	Amount:
<input type="checkbox"/> Sound System (list channels needed)	_____	<input type="checkbox"/> VCR	_____
<input type="checkbox"/> Microphones with cords and stands	_____	<input type="checkbox"/> DVD	_____
<input type="checkbox"/> Music Stands	_____	<input type="checkbox"/> Television	_____
<input type="checkbox"/> 1/4" Guitar Cord	_____	<input type="checkbox"/> LCD Projector	_____
<input type="checkbox"/> Direct Box	_____	<input type="checkbox"/> Extension Cord	_____
<input type="checkbox"/> Overhead Projector	_____	<input type="checkbox"/> Power Strip	_____
<input type="checkbox"/> Sound Hook up for Laptop	_____	<input type="checkbox"/> Lapel Mic	_____
<input type="checkbox"/> Sound Hook up for DVD	_____	<input type="checkbox"/> Podium	_____
<input type="checkbox"/> Other: _____			

Breakout Rooms (if needed)

- Size of group: _____ A/V Equipment Needs: _____
- Size of group: _____ A/V Equipment Needs: _____
- Size of group: _____ A/V Equipment Needs: _____
- Size of group: _____ A/V Equipment Needs: _____

TO BE FILLED OUT BY CAMP STAFF

All Equipment Verified Returned on _____ (date) by _____ (initials of staff member)

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Meeting Room Assignment, Breakout Rooms, AV/Equipment Needs