

PTO EVENT SET-UP FORM

Today's Date: _____

Event: _____

Chairperson Contact/Phone: _____

Dates:

___/___ **Materials Delivered (indicate vendor/supplier):**

___/___ **Storage Needed (list location):**

___/___ **Refrigeration Needed**

___/___ **Set-up**

___/___ **Event**

___/___ **Breakdown**

___/___ **Materials Picked Up**

Publicity: **Contact PTO Corresponding Secretary**

Banner/ Wind Sign for this event: _____ **Yes** _____ **No**

If yes, hang dates: **From** _____ **until** _____

Items Needed for Set-Up:

Tables: # _____

Chairs: # _____

Sound System: _____ **Yes** _____ **No**

Other: _____

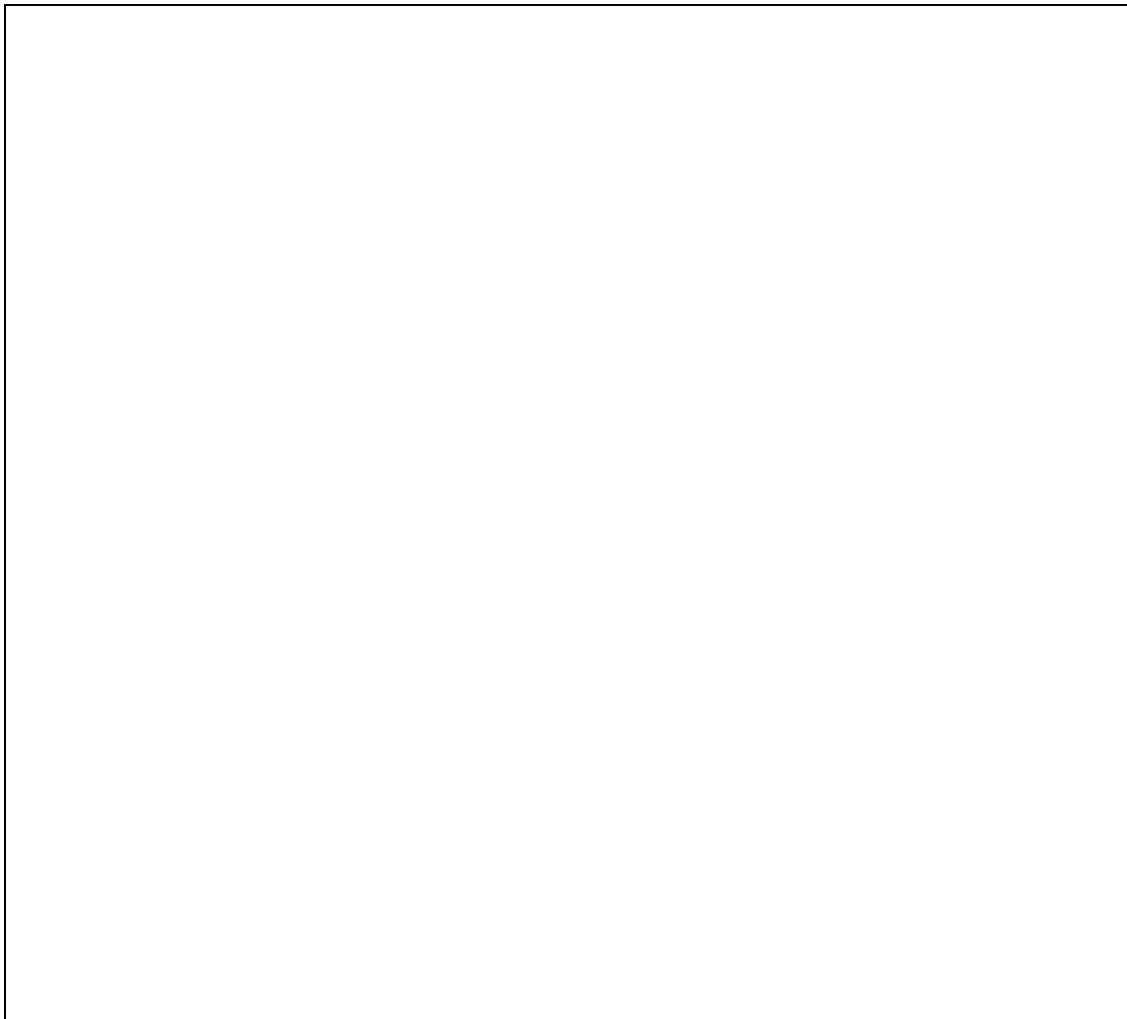
Location of Event:

_____ Outside
_____ Small Gym
_____ Large Gym

_____ Cafeteria
_____ Breezeway
_____ Learning Center

Other: _____

Floor Plan for Set-up



Use another piece of paper if more than one room is needed. Please note doors to clarify layout.