

Woodlawn 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 Plans: (see PTO Event Overview for more information)

Items Needed for Set-Up:

Tables: #_____

Chairs: #_____

Sound System: _____ Yes _____ No

Other: _____

Location of Event:

_____ Outside

_____ Cafeteria

_____ Gym

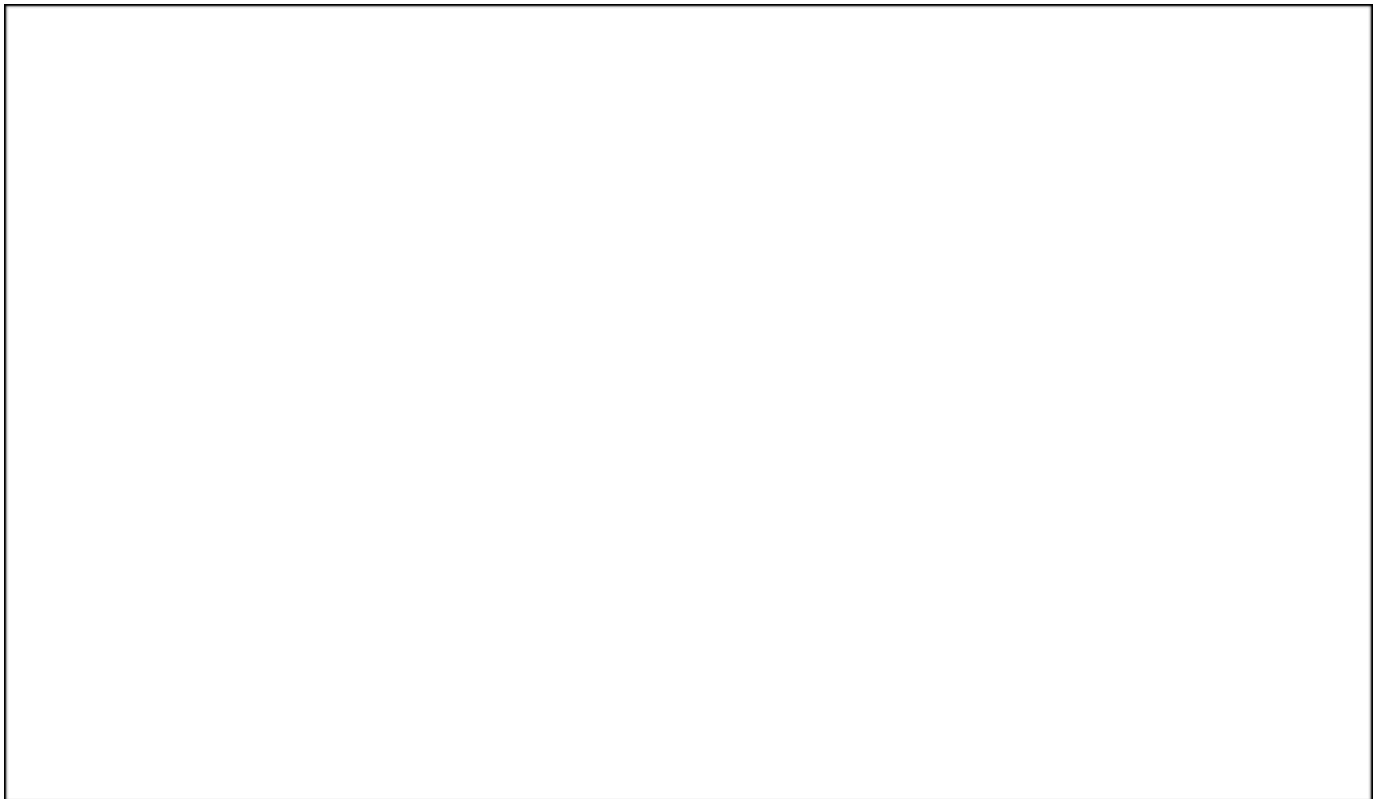
_____ Track

_____ Learning Center

Other: _____

**Please complete the back of this
form...**

**Floor Plan for
Set-up**



**Use this space if more than one room is needed.
Please note doors to clarify layout.**