FIRST CONGREGATIONAL CHURCH Room Set Up Form

Please make a copy of this form and place one copy in Felipe Hernandez's wall caddy and one in Beth Tracy's mailbox. Please do so FOUR business days in advance, when possible.

Room Requested: CHURCH				
Name of Event: CTS Commencement				
Date of Event: Fri- May 13,2027: Time of Event: -rehearsal = 8:30Am Source in Ordinary 10:00Am				
Sponsoring Organization: CTS				
	ected End Time 830 Am Access time/set-up by: 800 Am			
Start & Expe	ected End Time 830 Am Access time/set-up by: 800 Am			
Number of C				
Beverage <u>-</u>	Lemonade Hot Water PRESENTATION EQUIPMENT			
Cup Regular Coffee PotCup DeCaf Pot Microphone Stand Podium				
	Flip Chart Dry Erase Board D			
AUDIO VISUAL Zoom Pul pi + Fodium LCD Projector Laptop Screen Live Stream Tech Assistant Microphone/Stand				
LODITOJC	PLEASE NOTE: * PANO NOT NEEDED*			
If any food is brought in ahead of time, please make sure it is clearly labeled Food and/or paper goods must be disposed of and/or recycled after the meeting. We ask that all trash be bagged and tied and all tables be wiped down. Please note the items on the "Green" list by the light switch and refer to the posted kitchen policies. SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT SCOTT WILLIAMS AT 708/246-1900 OR SCOTT@WSCONGO.ORG				
PLEASE DRAW BELOW A DIAGRAM OF THE ROOM SET UP AS YOU WOULD LIKE IT.				
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mailbox. Please do so FOUR business days in advance, when possible.					
	med days in deventee, when possible.				
Room Requested:	11				
Name of Event: TLY MOUTH HO					
L CTS					
Date of Event: Fri - May 13 2027	Time of Event:				
Fri - May 13, 2022 Sponsoring Organization:	8:00 pm - 200 pm				
615					
Contact Person & Phone Number: MARIE W	HITNEY 773.6111.1368				
Start & Expected End Time 8 m - 2 m	11, 500				
Number of Chairs:					
BEVERAGE I emonade Hot Water	Number of Tables: 8 rounds 2-3 banquets PRESENTATION FOLLOWENT				
	THEOLIVIATION EQUIPMENT				
Cup Regular Cottee Pot Cup DeCaf Pot	Microphone/Stand Podium				
AUDIO VISUAL Zoom	Flip Chart Dry Erase Board				
I CD Description					
LIVE	Stream Tech Assistant Microphone/Stand Microphone/Stand				
PLEASE	NOTE: for stage				
If any food is brought in ahead of time, please make sure disposed of and/or recycled after the meeting. We call to	e it is clearly labeled Food and/or paper goods must be				
down. Please note the items on the "Green" list by the light switch and refer to the posted kitchen policies. SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT SCOTT WILLIAMS					
AT 708/246-1900 OR SCOTT@WSCONGO.ORG					
PLEASE DRAW BELOW A DIAGRAM OF TH	E ROOM SET UP AS YOU WOULD LIKE IT.				
2-3 BANQUET TABLES Kitcher	2/ X X X XXX X X Chairs around perimeter				
XX	×× ××				
	× 5				
	X X T				
(4)	X X G S				
(a) \bigcirc \bigcirc	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
(5)					
	X R CO				
(2) (8)	× A 7				
	XX				
	xxx Coatrack				
* grounds w6-8 chairs each					
for Keception 12:30	mirror 2TS & 00				
	24 - 1				

FIRST CONGREGATIONAL CHURCH B				
FIRST CONGREGATIONAL CHURCH Room Set Up Form Please make a copy of this form and place one copy in Felipe Hernandez's wall caddy and one in Beth Tracy's mailbox. Please do so. FOUR hysicaes described in the second secon				
mailbox Please do so FOLTA	n Felipe Hernandez's wall caddy and one in Beth Tracy's			
matthox, I least do so I OUR pus	siness days in advance, when possible.			
Room Requested:				
1 HE TARIO	8			
Mame of Event:				
Date of Event:	essing AREA			
Go' AA	Time of Event:			
Sponsoring Organization:				
CTS				
Contact Person & Phone Number: 10 00				
Start & Expected End Time 200 200	UHITNEY 773,614, 1368			
Number of Chairs: 8 mm - 2 pm	Access time/set-up by: 8:00 Am			
#3 15	Number of Tables: AS (S			
BEVERAGE Lemonade Hot Water	PRESENTATION EQUIPMENT			
Cup Regular Coffee Pot Cup DeCaf Pot				
	777			
AUDIO VISUAL Zoom	Flip Chart Dry Erase Board			
ICD Dansey				
LCD Projector Laptop Screen Live	Stream Tech Assistant Microphone/Stand			
PLEASE NOTE:				
If any food is brought in ahead of time, please make sure it is clearly labeled Food and/or paper goods must be disposed of and/or recycled after the meeting. We ask that all treak had a sure it is clearly labeled.				
down. Please note the items on the "Green" list by the light quitel and all tables be wiped				
AT 708/246-1900 OR SCOTT@WSCONGO.ORG				
PLEASE DRAW BELOW A DIAGRAM OF THE ROOM SET UP AS YOU WOULD LIKE IT.				
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	Chairs			
	Chaus			
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2 tables to gether for food set up				
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for for	, · · · · · · · · · · · · · · · · · · ·			
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FIRST CONGREGATIONAL CHURCH Room Set Up Form					
Please make a copy of this form and place one copy in Felipe Hernandez's wall caddy and one in Beth Tracy's mailbox. Please do so <i>FOUR</i> business days in advance, when possible.					
Room Requested: SEIM ROOM					
Name of Event: Friday Prayer					
Date of Event: Time of Event: 100 130					
Sponsoring Organization: CTS approx pm pm					
Contact Person & Phone Number: MARIE WHITNEY					
Start & Expected End Time 100 130	WHITNEY Access time/set-up by: NOON				
Number of Chairs:	Number of Tables:				
BEVERAGE Lemonade Hot Water	PRESENTATION EQUIPMENT				
Cup Regular Coffee PotCup DeCaf Pot	Microphone/Stand Podium				
	Flip Chart Dry Frase Board				
AUDIO VISUAL Zoom Laptop Screen Live Stream Tech Assistant Microphone/Stand					
PLEASE					
If any food is brought in ahead of time, please make sure it is clearly labeled. Food and/or paper goods must be disposed of and/or recycled after the meeting. We ask that all trash be bagged and tied and all tables be wiped down. Please note the items on the "Green" list by the light switch and refer to the posted kitchen policies. SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT SCOTT WILLIAMS AT 708/246-1900 OR SCOTT@WSCONGO.ORG					
PLEASE DRAW BELOW A DIAGRAM OF THE ROOM SET UP AS YOU WOULD LIKE IT.					
Minimal or No tables please No texcept around perimeter. Central floorspacewill be used as					
Central floorspace l'or prayer space for approx 30 ppl. (facing east)					