

LVW RECREATION DEPARTMENT – Room Set-Up

NAME OF CLUB _____

DATE/DAY/TIME OF MEETING OR EVENT _____

CLUBHOUSE _____ ROOM _____

SUBMITTED BY _____ PHONE# _____

PLEASE CHECK EQUIPMENT/ITEMS NEEDED:

LIGHTS/SOUND _____ OPERATOR'S NAME _____

VIDEO PROJECTOR _____ OPERATOR'S NAME _____

SCREEN _____ MICROPHONES _____ KITCHEN KEY _____

PIANO _____ LARGE TABLES _____ CARD TABLES _____

LECTERN _____ CHAIRS _____ USE OF STAGE _____

STOVE _____ WARMER _____ COFFEE URN _____

HDMI CORD _____ LAPTOP _____ OTHER _____

***Draw floor plans on the opposite side of this form. The form must be submitted or emailed (recreation@lvwservice.com) to the Recreation Dept. 3 days prior to the event.**

2024

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