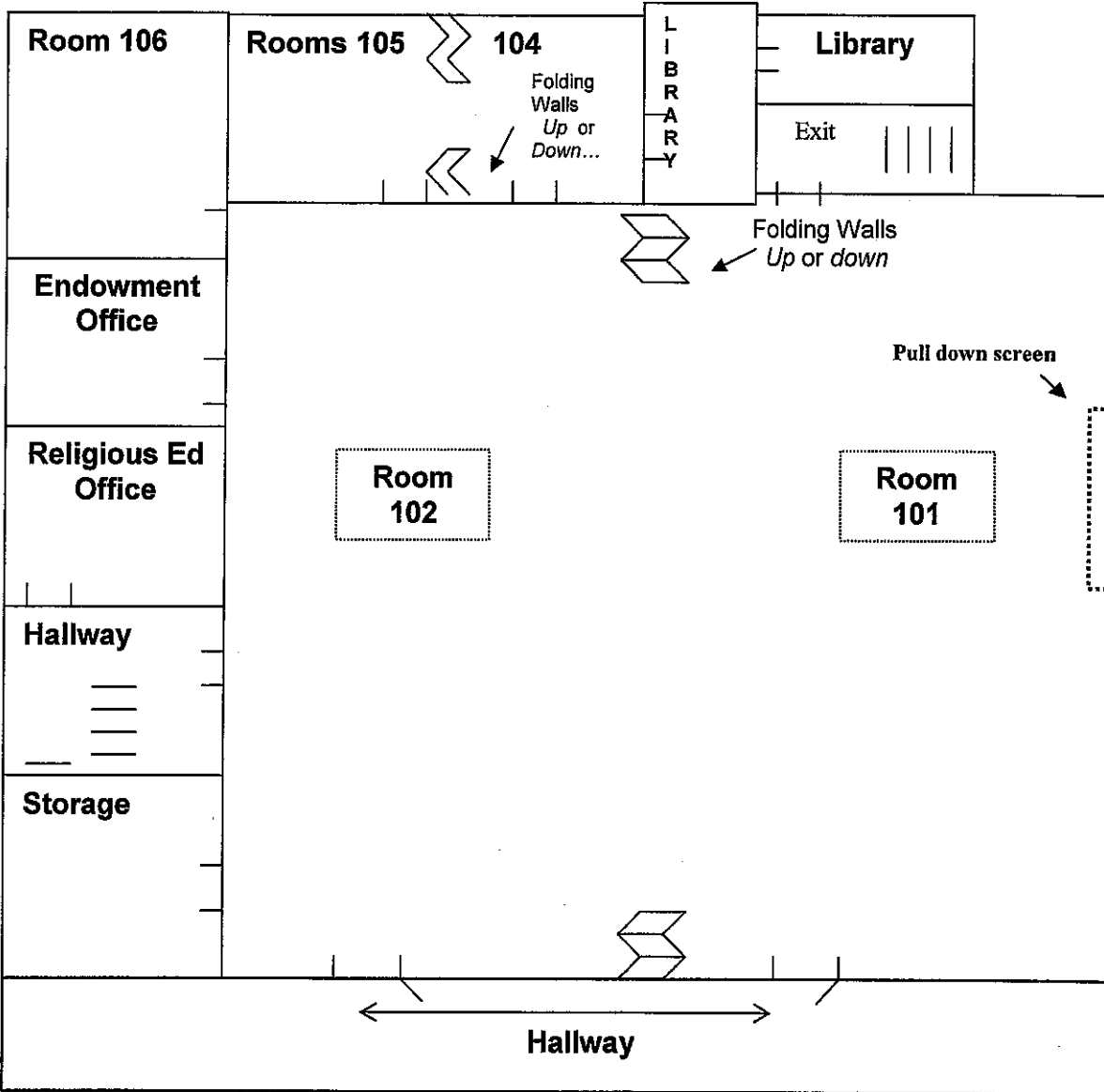


Program: \_\_\_\_\_ Date: \_\_\_\_\_  
 Time: From \_\_\_\_\_ To \_\_\_\_\_  
 Staff Person \_\_\_\_\_

Contact: \_\_\_\_\_  
 Phone # \_\_\_\_\_

# UPPER HALL



<b>PODIUM:</b> <input type="checkbox"/> Standing <input type="checkbox"/> Microphone (Sound System) <input type="checkbox"/> Table Top <input type="checkbox"/> Small Wooden <input type="checkbox"/> Small w/hands	<b>MEDIA:</b> <input type="checkbox"/> TV with VCR <input type="checkbox"/> Overhead Projector <input type="checkbox"/> Chalkboard <input type="checkbox"/> Piano <input type="checkbox"/> Screen <input type="checkbox"/> Pull Down Screen
<b>CHAIRS:</b> (indicate how many) <input type="checkbox"/> red chairs w/arms <input type="checkbox"/> red chairs w/o arms <input type="checkbox"/> Folding	<b>MISC:</b> <input type="checkbox"/> Riser <input type="checkbox"/> Square Stands ___17" ___33" ___44 <input type="checkbox"/> Garbage Cans <input type="checkbox"/> Coat Rack(s)
<b>TABLES:</b> (indicate how many) <input type="checkbox"/> Round <input type="checkbox"/> Card Tables <input type="checkbox"/> Small	