

Community Room Set Up

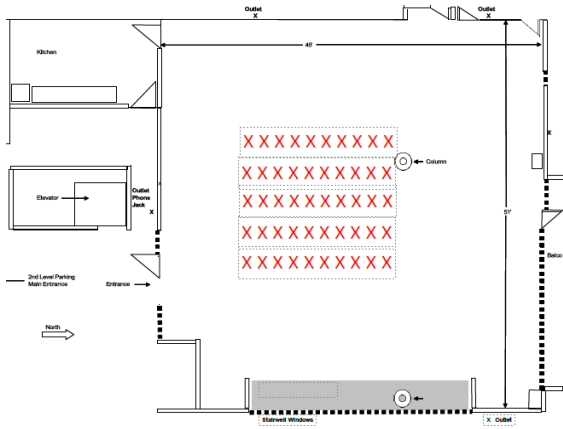
Contact Name and Department: _____

Name of Event: _____ Date & Time: _____

PLEASE FILL OUT AND RETURN TO RESERVATIONS@ENGLEWOODCO.GOV (Must fill out form ENTIRELY)

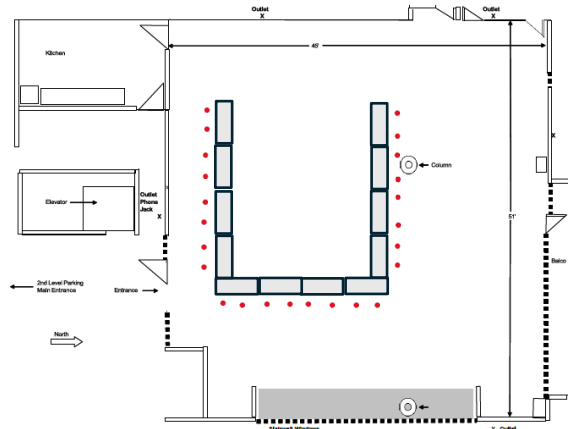
Please Select A, B, C or D for your set up style, then enter the number of seats needed for your Event

A. Theater/ Lecture Style (Chairs Only)



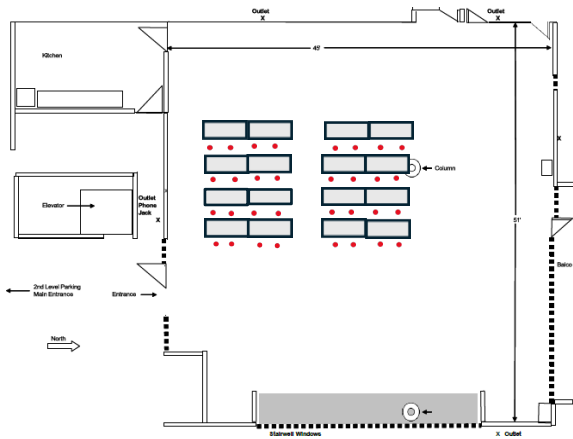
Number of Seats _____

B. Meeting Style (U Shape Tables & Chairs)



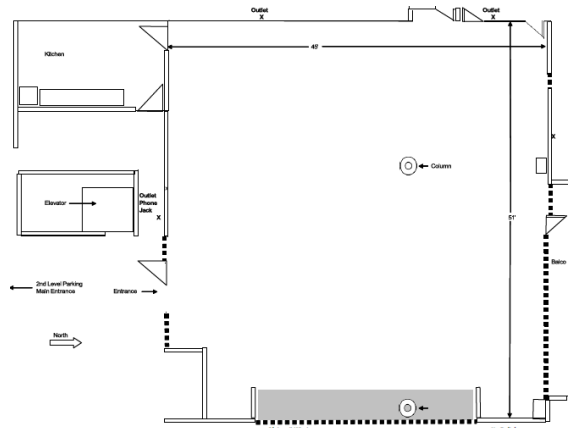
Number of Seats _____

C. Classroom Style (Tables & Chairs Facing One Direction)



Number of Seats _____

D. Custom (With Approval)



Number of Seats _____

Setup Requirements: (Circle ALL that Apply)

Podium

Microphone/Sound System

Registration Table

AV Table

2x6 Table(s)

IF AUDIO/VISUAL IS REQUIRED; PLEASE FOLLOW LINK <https://forms.office.com/g/h073yQwGx1>