

## Meeting Room Worksheet

Please fill out this worksheet for Meeting Room and send it in so that it arrives no later than 10 days before the date of your event.

\*Your Meeting Room will be assigned based on group size no later than 10 days before your event.

**TO BE FILLED OUT BY CAMP STAFF**

Group Name: \_\_\_\_\_ Assignment: \_\_\_\_\_

### Chair/Table Set Up

Number of Chairs: \_\_\_\_\_

Please check preferred arrangement:

- Rows
- Circle
- Semi-circle
- No chairs

Tables:

Please check size and list amount requested:

- 6 Foot \_\_\_\_\_
- 8 Foot \_\_\_\_\_

### Audio/Visual Equipment

Please check preferred equipment and list amount requested:

Equipment:	Amount:	Equipment:	Amount:
<input type="checkbox"/> Sound System (list channels needed)	_____	<input type="checkbox"/> VCR	_____
<input type="checkbox"/> Microphones with cords and stands	_____	<input type="checkbox"/> DVD	_____
<input type="checkbox"/> Music Stands	_____	<input type="checkbox"/> Television	_____
<input type="checkbox"/> 1/4" Guitar Cord	_____	<input type="checkbox"/> LCD Projector	_____
<input type="checkbox"/> Direct Box	_____	<input type="checkbox"/> Extension Cord	_____
<input type="checkbox"/> Overhead Projector	_____	<input type="checkbox"/> Power Strip	_____
<input type="checkbox"/> Sound Hook up for Laptop	_____	<input type="checkbox"/> Lapel Mic	_____
<input type="checkbox"/> Sound Hook up for DVD	_____	<input type="checkbox"/> Podium	_____
<input type="checkbox"/> Other: _____			
_____			
_____			

### Breakout Rooms (if needed)

- Size of group: \_\_\_\_\_ A/V Equipment Needs: \_\_\_\_\_
- Size of group: \_\_\_\_\_ A/V Equipment Needs: \_\_\_\_\_
- Size of group: \_\_\_\_\_ A/V Equipment Needs: \_\_\_\_\_
- Size of group: \_\_\_\_\_ A/V Equipment Needs: \_\_\_\_\_

**TO BE FILLED OUT BY CAMP STAFF**

All Equipment Verified Returned on \_\_\_\_\_ (date) by \_\_\_\_\_ (initials of staff member)

***Meeting Room Worksheet***  
*Meeting Room Assignment, Breakout Rooms, AV/Equipment Needs*