



Adrian College

Plant Service Request Form

Organization: _____

Coordinator: _____

Name of Event: _____

Cell Phone: _____

Building: _____

Room Number: _____

Equipment Needed

Stage: _____ List size

8' Tables: _____ Indicate #

Lectern: _____

Round Tables: _____ Indicate #

Chairs: _____ Indicate #

Other Equipment: _____

Deadline to submit this request: _____

Write specific set-up instructions below and include date, location, and time of set-up and tear down for all equipment. When the set-up differs from the original room layout, a diagram *must accompany this form*.

Event Coordinator Signature: _____

Date: _____

Advisor Approval: _____

Date: _____

Conference Office Approval: _____

Date: _____