



Long Beach Community College District
Facilities Department

SET-UP REQUEST FORM

*****Submit at least 3 BUSINESS DAYS before event date*****

EVENT INFORMATION

Event Name: _____

Department/Organization: _____

Contact Name: _____ Phone Number: _____

E-mail Address: _____

SET-UP INFORMATION

Set-up requested to be completed on:

____/____/____ [EVENT DATE]

by: ____:____ [TIME]

Location: _____

of Chairs: _____

of Tables: _____

Use this area for any diagrams of specific set-up (attach additional page if needed):

Additional needs or requests _____