

Date _____

REQUEST FOR TRUSTEE SERVICES

1. _____ 2. _____
Requesting Ministry/Individual Service Requested & location
3. _____ 4. _____ 5. _____
Contact Person Contact Number Contact E-mail
6. _____ 7. _____ 8. _____ 9. _____
Event Date Event Time Set up Date Set Up time
10. _____ 11. _____
Event ending Time Number expected to attend

12. Please () all applicable items:

- _____ HVAC services required
- _____ Furniture set up required (Include diagram/layout criteria)
- _____ Furniture reset required
- _____ Parking Lot assistance required
- _____ Opening and closing of the facility required
- _____ Trustee expenses, i.e. items to be built or purchased

13. Special instructions *Please include a diagram

TRUSTEE USE ONLY

1. _____ 5. _____
Set Up Time Reset time
2. _____ 6. _____
Set Up Trustee Contact Reset Trustee Contact
3. _____ 7. _____
Set Up Trustee Contact number Reset Trustee contact number

Trustees please return this form to the Director of Ministries, a copy will be provided

SET UP/RESET TEAM ON BACK