



McKenna Auditorium Set-Up Request Form

☐ MM Folder

☐ Picked Up

☐ Done

Please print neatly and answer as specifically as possible. Attach this form to your Event Registration Request Form.

Today's Date: _____

Approved by: _____ Event Name: _____

Event Day(circle): M T W Th F Sat. Sun. Date: _____ From: _____ a.m./p.m. To: _____ a.m./p.m.

Responsible Party: _____ Signature: _____ Cell #:(_____)

NOTE: Audio-visual Equipment requests are done through the IST Help Desk x70911.



EQUIPMENT REQUESTED:

QTY.	ITEM
	Chairs
	Tables
	Risers (16 pcs. for stage)

SPECIAL INSTRUCTIONS

For Office Use: (fyi- Jeannie S.x78319 & Jose Huezos x72885) (Career Serv. Usu. Sets up w/S.House)

SET UP DAY (circle): M T W Th F Sat. Sun. SET UP DATE: _____ By (time) _____ a.m./p.m.

Employee Hours: Key Check Out: Name _____ Date _____ RETURNED DATE _____

Name: _____ Time Worked: _____ Hrs. & _____ Mins. Initial _____

Name: _____ Time Worked: _____ Hrs. & _____ Mins. Initial _____

Name: _____ Time Worked: _____ Hrs. & _____ Mins. Initial _____