



Fireside Lounge: (Page 1 of 2)

Church/Organization: _____

Dates and times of use

Retreat Date: _____

1. _____

Group size: _____

2. _____

Please indicate the function of this meeting room:

☐ Meeting Room

☐ Classroom/workshop

☐ Other: _____

Room Set-Up

Please indicate the desired set-up format. If a custom set-up is desired, please draw on the meeting room layout page (2/2).

Chevron	Theater	Reception	Classroom	Semi-Circle	Craft	Board Room
<input type="checkbox"/> Max 30	<input type="checkbox"/> Max 30	<input type="checkbox"/> Max 25	<input type="checkbox"/> Max 10	<input type="checkbox"/> Max 15	<input type="checkbox"/> Max 20	<input type="checkbox"/> Max 15

Number of tables: _____

Number of chairs: _____

Lectern: ☐ Yes ☐ No

Small group set-up (if applicable):

Number of groups: _____

Chairs per group: _____

Audio/Visual Set-Up

Special Request Equipment

☐ Video Projector

☐ TV / DVD / VCR

☐ CD Player

☐ Whiteboard & Markers

☐ Flipchart

Please list equipment group will be bringing:
