

WORK ORDER FORM

(For Trustees Only)

DATE OF REQUEST: _____

DATE NEEDED: _____ TIME NEEDED: _____

LOCATION OF SET-UP: _____

*NAME OF REQUESTOR: _____

*TELEPHONE #: _____

** NOTE: If Name of Requester and Telephone Number are not completed, the work order form will be rejected.*

EVENT NAME: _____

AUXILIARY AND/OR FUNCTION: _____

SET-UP REQUIRING:

- Long Tables (How Many)?
- Round Tables (How Many)?
- Chairs (How Many)?

PLEASE DESCRIBE AND/OR DRAW A DIAGRAM OF THE DESIRED SET-UP:

SPECIFIC INSTRUCTIONS IF NEEDED FOR SET-UP:

PLEASE REMEMBER TO GIVE AT LEAST A THREE DAY NOTICE FOR ALL WORK NEEDED.

REQUEST COMPLETED BY: _____ DATE: _____

Please put this completed form in the Trustee Mailbox or e-mail to trustees@ctkbc.org