Ohev Shalom of Bucks County
Event Setup Sheet

Name of Function _____

Date of Function_____ Room Requested _____

Start time of Function _____

Contact Person _____ Phone Number _____

Have you hired and Vendors to deliver food, _____ _____
yes no

If so please indicate who: _____phone number _____

Event Details

Number of 60" Round Tables _____ Number of Chairs _____

Number of 6' Long Tables _____ Microphone (yes or no)

Number of 4' Long Tables _____ Podum____

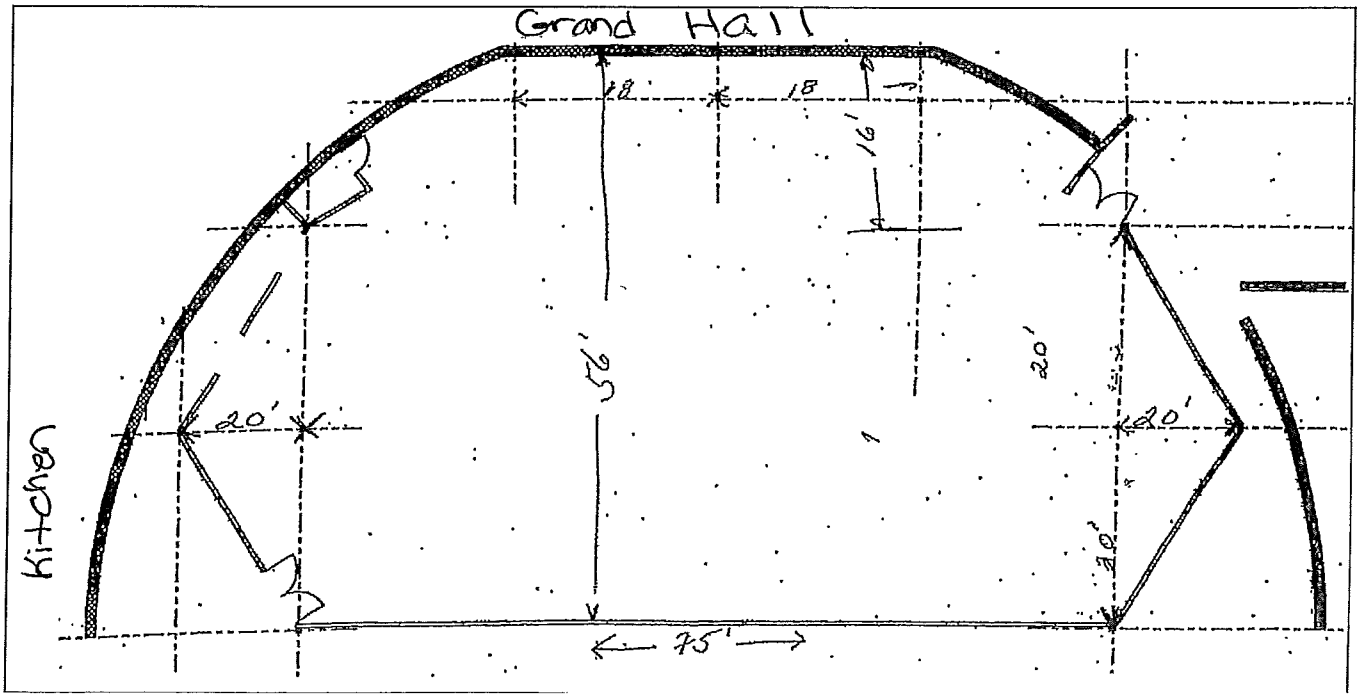
Cover Tables?_____ Screen_____Projector_____ DVD player_____

Coffee/Tea Setup: (yes or no) Water: (yes or no)

Paper Goods

Please indicate Quantity of Each Needed:

9" Plates _____ 6" Plates _____ Bowls _____ Juice Cups _____

Napkins _____ Forks _____ Knives _____ Spoons _____

SET UP TABLE/SEATING DIAGRAM