

# **Woodlawn PTO EVENT SET-UP FORM**

***Today's Date:***

***Event:***

***Chairperson Contact/Phone:***

***Dates:***

___/___	Materials Delivered (indicate vendor/supplier):
___/___	Storage Needed (list location):
___/___	Refrigeration Needed
___/___	Set-up
___/___	Event
___/___	Breakdown
___/___	Materials Picked Up

***Publicity Plans: (see PTO Event Overview for more information)***

***Items Needed for Set-Up:***

Tables: #\_\_\_

Chairs: #\_\_\_

Sound System: \_\_\_\_\_ Yes      \_\_\_\_\_ No

Other:

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***Location of Event:***

\_\_\_\_\_ Outside

\_\_\_\_\_ Cafeteria

\_\_\_\_\_ Gym

\_\_\_\_\_ Track

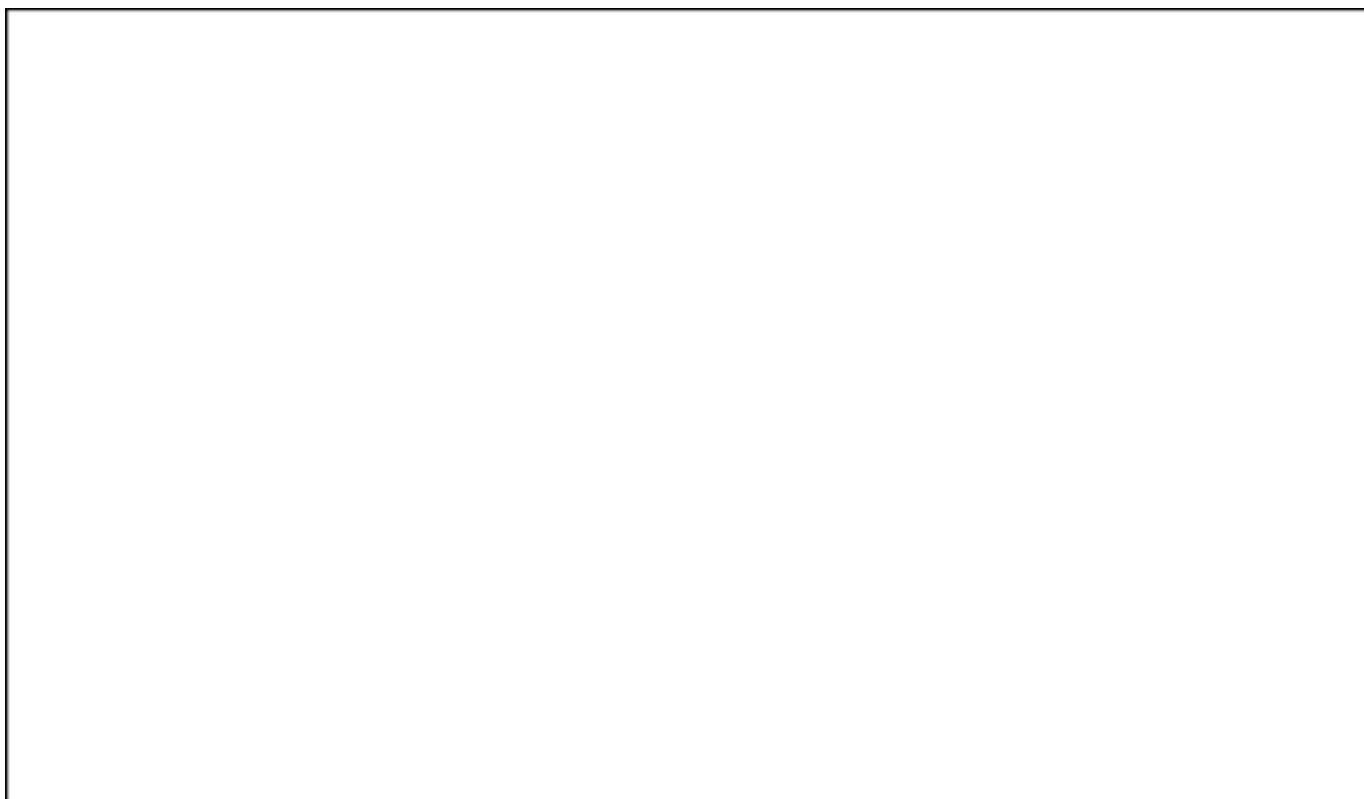
\_\_\_\_\_ Learning Center

Other: \_\_\_\_\_

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**Please complete the back of this  
form...**

**Floor Plan for  
Set-up**



**Use this space if more than one room is needed. Please note doors to clarify layout.**