Department of Library and Community Services
Community Services Division

Room Set-Up & Equipment Request

PLEASE PRINT AND FILL IN **ALL** BLANKS PERMIT NUMBER: _____

Contact Name: _____ Phone: _____

Organization/Group: _____

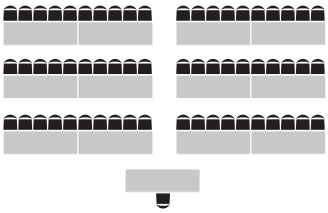
Event Title: _____

Date, Day, and Time: _____

Name of Room: _____

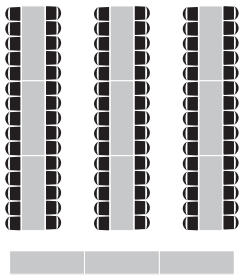
Please circle the set-up diagram that is most appropriate to your needs. Please include the quantity of tables and chairs required. Additional equipment may be available upon request (easel, TV/VCR/DVD, overhead projector).

Classroom Style



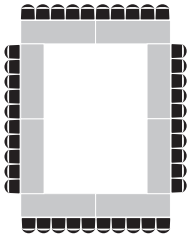
Boardroom Style

Banquet Style 1

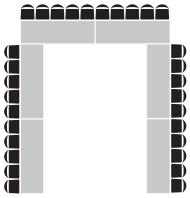


Banquet Style 2

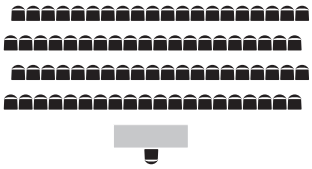
Conference Style



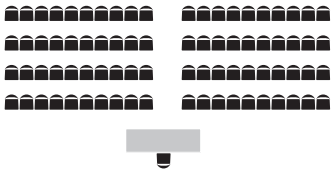
U-Shape Style



Theater Style



Auditorium Style



If none of the set-ups shown meet your needs, please draw your own arrangement.

No. of tables required: _____

No. of chairs required: _____

Additional equipment required: _____

The City of Sunnyvale encourages persons with disabilities to participate in any of our Community Services programs. We will make reasonable efforts to accommodate persons with disabilities in accordance with the Americans with Disabilities Act. If you require special accommodations, please contact 408-730-7751, TDD 408-730-7501, at least five days in advance of the program or activity.

BS 7351