

Camp Tecumseh YMCA

Meeting Room Setup

Group Name: _____

Dates of Visit: _____

Contact Person: _____

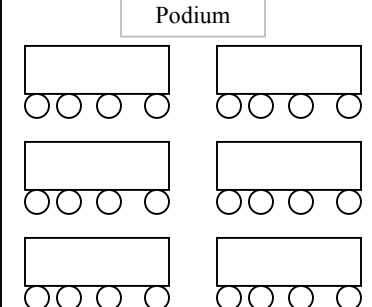
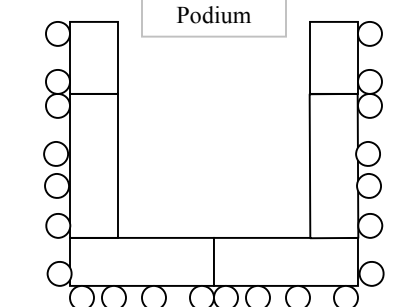
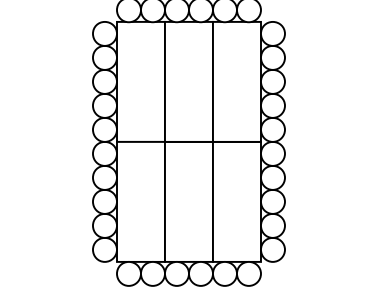
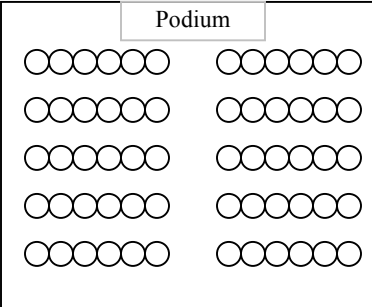
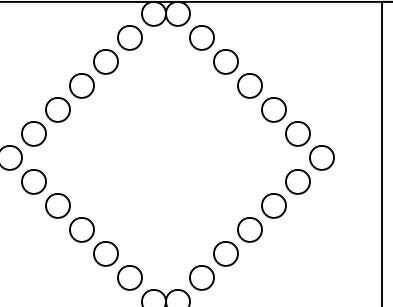
Contact Phone: _____

Expected Numbers: _____

Meeting Room(s) Requested: _____

Chairs _____ **# Tables:** _____

Arrangements of Tables and Chairs: (Please Check One Box)

		
Classroom	Horseshoe	Board Room
		
Theater	In-The-Round	Other (Please Fill In)

Other Equipment Needed: (Microphone, Easel, TV, DVD, VCR, Overhead Projector, Multimedia Projector)

Please Note: Space and other equipment is limited. If we are unable to accommodate your request, we will notify you.