

St. John the Evangelist R. C. Church

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www.sjecm.org



MAINTENANCE SET UP REQUEST

Ministry _____

Date and Time Set Up Needed: _____

Time of Event: _____

Contact Person: _____

Contact Person Phone # _____

(please provide # a Maintenance staff member can contact you while doing the set up in case of questions, concerns, etc.)

Location of Set Up:

If applicable: Number of Chair s _____

Number of Tables _____

<p>Maintenance Staff Use ONLY</p> <p>Set Up Completed _____</p> <p>Date _____</p> <p>Time _____</p> <p>Signature _____</p>

Please hand in this form AT LEAST ONE WEEK PRIOR to the date set up is needed.