HARWICH COMMUNITY CENTER
CUSTOM ROOM SET-UP FORM

Date of Event _____

Organization _____

Contact Person _____

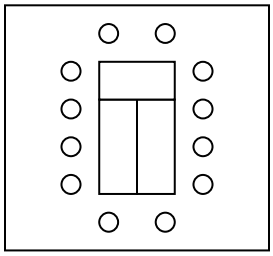
Phone _____

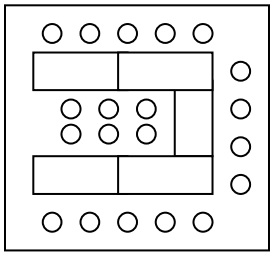
Email _____

Function Room Assigned (if known) _____

Set-up Requested: Please choose from the standard set-ups pictured OR
Draw a diagram of your own in the space provided

Set-ups
Examples:





Activity Room Set-up
(Multi-purpose room diagram on reverse)

Number of Tables _____ Number of Chairs _____

Special Equipment:

☐ Podium w/ Microphone & Speaker ☐ TV w/ DVD/VCR

Additional notes / information _____

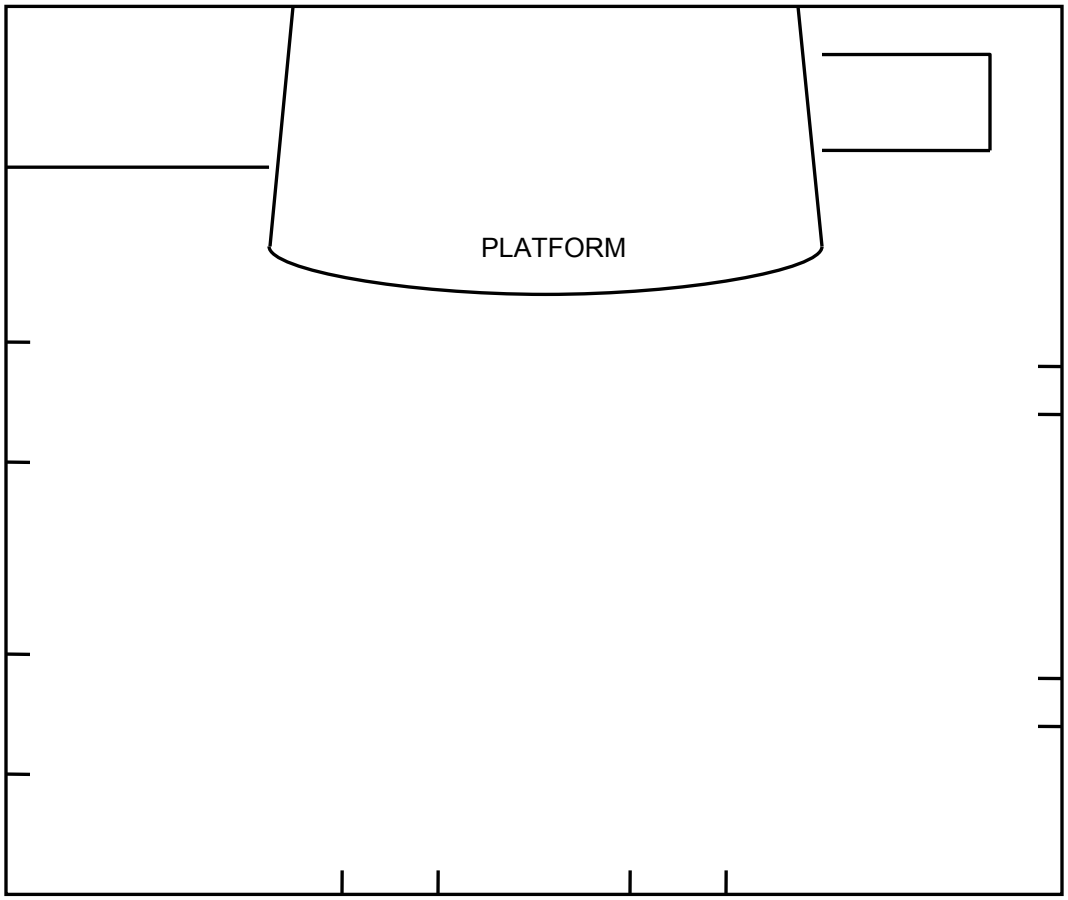
_____

_____

_____

100 Oak Street, Harwich MA 02645 • (508) 430-7568 • Fax (508) 430-7085

Multi-Purpose Room Set-up



Additional notes / information _____

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Projection Screen needed? ☐ Yes ☐ No