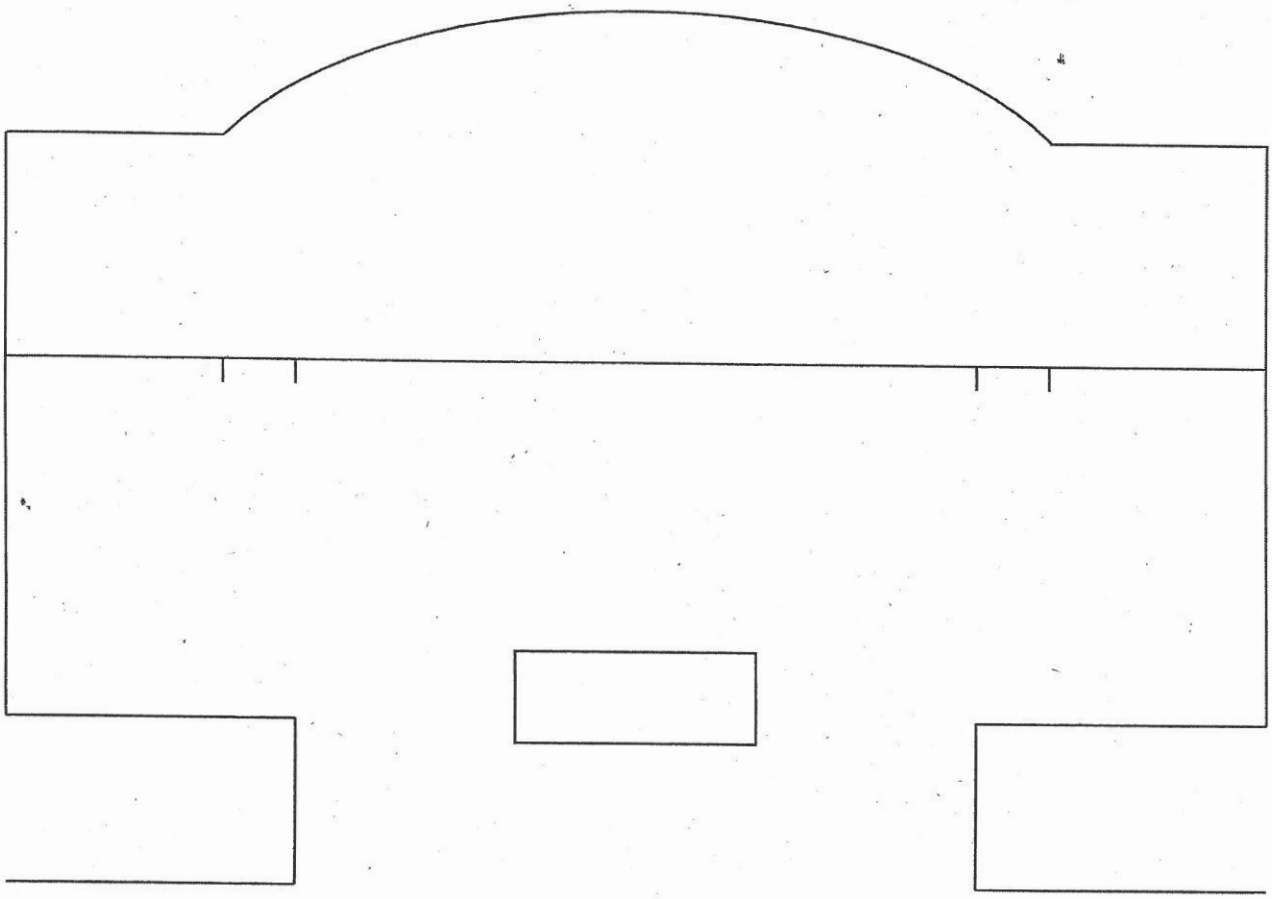
WMC Atrium Setup



Club/DSU Name:

_____

Date:

_____

On-Site Contact:

_____

Contact Phone:

_____

Setup Time: _____

Event Start: _____

Event End: _____

Reset Time: _____

Notes:

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