

REQUEST FORM
For Reserving a Meeting Room or Rooms

Date of Request:

Organization/Committee:

Function/Event:

Responsible Person:

Address:

City, St, ZIP:

Email: Home Phone:

Work Phone: Cell Phone:

Event Date: Day of Week:

Start Time: End Time:

Estimated Number of People Attending:

Will Refreshments Be Served: (Y or N)

Is This a Reoccurring Event: (Y or N)

If yes, do you want to reserve this space on a Weekly or Monthly basis? (Please select one)
Explain (for example, first Tuesday of each month)

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Do you need the multi-media cart? (Y or N)

If yes, call the office at 237-3428 to make arrangements for training with the Director of Religious Education.

OFFICE USE ONLY

Date request received _____ Assigned to Room _____

By _____