

Room and Meeting Scheduling Request Form

*Submit to church office at least one month in advance.
Forms will be returned with confirmation.*

Meeting Request:

Date submitted: _____ Requested by: _____

Person responsible: _____ Phone: _____

Date of meeting: _____ Organization: _____

Type/Purpose of meeting: _____

Room(s) Needed:

Time of meeting: From _____ To _____

Number expected: _____

Standing request: Every _____ Until _____

Equipment needs: _____

Media needs: _____

Nursery needs: _____ Ages _____

Food Service Needs:

Type of service *(Church Hostess or Kitchen Committee Chairman must be consulted).*

Approved and Scheduled:

Authorized Signature

Date