

Room Request Form

Group:	
Room(s):	
Date(s):	Recurring: YN Wk Mo BiW
Day:	
	nd Time:
Short explanation of need:	
Contact Person:	
Phone Number:	
Cell Number:	
Approved: Pastor/Deacon Initial	

Information

Date of Event:		
Name of User:		
Parishioner:		
Group/Organization:		
Address:		
Day Phone:	Evening Phone:	
Fax:Email:_		
Hours of Event: Start Time:	End Time:	
Facility Requested:		
Purpose of Event:		
Number attending this event:		
There will be a: Dance Meal	Lecture Live Band/DJ	
Alcohol Beverages will be present: Yes_	(Security Req'd) No	
Name of Security		

Supplying this information to the church office does \underline{not} indicate that the reservation is confirmed.