

# ROOM SCHEDULING FORM

Your request should be submitted to the church at least two weeks in advance. This form will be returned to you with confirmation. **\*NO TELEPHONE REQUESTS PLEASE.**

Date Submitted: \_\_\_\_\_ Requested by: \_\_\_\_\_

Person (s) Responsible: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Room (s) Needed: \_\_\_\_\_

Time of Meeting: From \_\_\_\_\_ To \_\_\_\_\_ Approx. Attendance \_\_\_\_\_

Standing Request: Every \_\_\_\_\_ Until \_\_\_\_\_

Equipment Needed: \_\_\_\_\_

**\*Cancellations: Remit changes to church office no later than Sunday to free rooms for other ministries.**

## FOR OFFICE USE ONLY

APPROVED & SCHEDULED: \_\_\_\_\_ NOT APPROVED, REASON: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_