

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: _____