

Room Request Form

(The Sanctuary has a separate request form.)

Today's Date: _____

Contact Information

Group
Leader: _____

Ministry/
Group Name: _____

Mobile
Number: _____

Email: _____

Event Information

Event Name: _____

Room(s)
Requested: _____

NOTE: An alternate room(s) assignment is possible depending on availability.)

Event Date(s): _____

Event Start
Time: _____

Event End
Time: _____

Set-up Time: _____

Clean-Up
Time: _____

Number of
persons
expected: _____

List items that will
be left overnight
in the room
(Ex: music
instruments,
projects, etc.): _____

This completed form must be submitted to the church office at least one month before the room(s) is needed. The Group Leader will receive a confirmation email when the request is approved.

FOR OFFICE USE:

Received in church office on: _____ Room(s) to be Used: _____

Approved by: _____