

Today's Date _____

ROOM RESERVATION REQUEST

Group Name _____

Date(s) Requested _____

Begin Time _____ a.m./p.m. (circle one)

End Time _____ a.m./p.m. (circle one)

(Be sure to include set-up and clean-up time if appropriate!)

Intended Use (i.e. meeting) _____

Number of People Expected _____

Contact Person _____

Phone _____

Comments/Special Needs _____

___ Leave the Fellowship Hall/Ed Unit (circle one) door open. I will be responsible for locking it when we leave.

___ I have a key to the building. I will be responsible for locking the door we enter when we leave.

- | | |
|------------------|---------------------|
| ___ Alcove | ___ Fellowship Hall |
| ___ Chapel | ___ Kitchen |
| ___ Choir Room | ___ Lounge |
| ___ Council Room | ___ Narthex |
| ___ Other _____ | |

Signature _____

Your room request will be added to the calendar when this form is returned to the office. It is up to you to notify the office of any changes.

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