

RECURRING ROOM USE RESERVATION FORM

Please check box if this activity has previously been approved by Church Council

Event: _____

Name of Group Sponsoring the Event: _____

Point of Contact: _____

Mailing Address: _____

Phone Number: _____ (Alternate) _____

E-mail Address: _____

Recurring Meeting example, 1st Wed. every month: _____

Start Date: _____ Ending Date: _____

OR.... Specific Meeting Dates if meetings occur on a sporadic basis.

(Consider Holidays and other event impacts):

Jan _____	May _____	Sep _____
Feb _____	Jun _____	Oct _____
Mar _____	Jul _____	Nov _____
Apr _____	Aug _____	Dec _____

Room Usage Time: From: _____ To: _____

(allow time for setup and cleanup)

Which Rooms/Facilities are required: _____

Number of Expected Attendees: Adults _____ Kids _____

Special Considerations (Specific Room, Zoom link needed, childcare needed, quiet area, closeness to another group, kitchen access, sink access, room with windows, etc.)

** Please note, it is the responsibility of the Group Leader to set up the space and return it to its original state.