



DATE REQUEST SUMMITTED _____

Special Event 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: (Home) _____ (Work) _____

E-mail Address: _____

Event Date: _____

Event Time: From: _____ To: _____

Room Use Time: From: _____ To: _____
(Allow time for setup and cleanup)

Which Rooms/Facilities are requested: _____

Number of Expected Attendees: Adults _____ Children _____

Special Considerations (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.