

DATE REQ. SUBMITTED _____

Recurring Activity 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, 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.