Room and Meeting Scheduling
Request Form

Submit to church office at least one month in advance.
Forms will be returned with confirmation.

Meeting Request:

Date submitted: ____________________ Requested by: ____________________

Person responsible: ________________ Phone: ________________________

Date of meeting: ____________________ Organization: ____________________

Type/Purpose of meeting: ____________________________________________

Room(s) Needed:

Time of meeting: From ____________________ To ____________________

Number expected: ________________

Standing request: Every _______________ Until ____________________

Equipment needs: _____________________________

Media needs: _________________________________

Nursery needs: ____________________________ Ages ____________________

Food Service Needs:
Type of service (Church Hostess or Kitchen Committee Chairman must be consulted).

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________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Approved and Scheduled:

________________________________________________________________________

Authorized Signature ____________________ Date ____________________