



Event: _____

Event Details: **Event Date:** _____ **Event Time:** _____

Room(s) Requested Fellowship Hall Library Sanctuary Conference Room
 Nursery Kitchen Other _____

Y N **Is this a Repeating Event**
(if so on what schedule, ex. First Tue. of each month)

Start Date: _____
End Date: _____

Do you need a code to access the building?
 Y N

Are you providing Nursery Services?
 Y N

Bulletin/Newsletter Announcement

Announcement Date: From _____ To _____

Sign up Sheet needed Yes No **Sign up paper or online** Paper Online

Bus needed Yes No

Additional Information _____

Person Responsible _____

Phone Number _____ **E-mail address** _____

Secondary Contact _____

Phone Number _____ **E-mail address** _____

Trustee Approval _____

Office Approval _____

Every attempt will be made to accommodate your Event Request. If for any reason we are unable to schedule the event based upon the details you provide, we will contact you. Please notify the church office if you make any changes to the event details.

Completed forms should be turned into the church office