ROOM REQUEST FORM FOR PARISH MINISTRY & EVENTS

All scheduling subject to change base on Parish needs.

Name of Ministry	Date(s) of Event: Time room is needed:				
scription of event:					
If this room is needed on	Room(s) desired:(Church basement, gym, etc.) If this room is needed on a weekly or monthly basis, please note that, as well as any that you will not need the space requested:				
Weekly Monthly					
Dates not needed:					
3. Will children be present or If yes, complete the follow Adults present: date	ving:				_
Name code					
4. Special items needed:	Chairs Tables Other		How mai	ny? 	
	Other				
5. Is extra time needed for s If yes, specify time:	•	s	No		
6. Is extra time needed for collaboration of the following of the second of the following o	lean-up? Ye	S	No		
7. Person/People responsible	for set-up ar	nd clean-up:			
Print Name:	S	ignature:			_
Date Submitted:	Т	elephone: _			
Email:					
For Office Use Only:					
Date Received:					
Date Approved:					
Initials:					