

# Room Request Form 2011

Please submit completed form to the Church Office, Bldg. 100.

DATE: \_\_\_\_\_

Event Name: \_\_\_\_\_

Date of Meeting/Event: \_\_\_\_\_

Event Time(s) (from what to what): \_\_\_\_\_

Set Up Time (minutes): \_\_\_\_\_

Tear Down Time (minutes): \_\_\_\_\_

Requested By: (Ministry Name) \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of Rooms Requested: \_\_\_\_\_

If more than one room is requested, please give explanation of why this is necessary:

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Room Preferences:

First Preference of Rooms (can not be guaranteed)

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Second Preference of Rooms (can not be guaranteed)

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