

CALENDAR REQUEST FORM

Date of event: _____

Alternate date if needed: _____

Facilities/Equipment Needed:

_____ Orchard

_____ Children's Chapel

_____ Gym

_____ Upper Class Room

_____ Youth Room

_____ Upper Class Room

Kitchen Facilities Needed? _____ Yes _____ No (If yes, location will be assigned)

Contact Name _____

Phone _____

Start and End Time _____ to _____

Who is responsible for clean-up? _____

IF YOU NEED TO CANCEL THIS EVENT,

PLEASE IMMEDIATELY NOTIFY THE OFFICE!

Approved by: _____ Pastor Phil

_____ Office/Calendar