

# Church Calendar & Room Reservation Request Form

This form must be completed and returned to the church office before an activity can be scheduled on the church calendar. Request will be approved weekly in staff meetings.

ORGANIZATION: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

PERSON MAKING REQUEST: \_\_\_\_\_ PHONE: \_\_\_\_\_

TYPE OF ACTIVITY:  Meeting  Class/Study\*  Fellowship  Other

\*IF STUDY, PLEASE INDICATE THE EDUCATIONAL MATERIAL TO BE USED:

NAME OF BOOK/WORKBOOK: \_\_\_\_\_

AUTHOR: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

DATE OF ACTIVITY: \_\_\_\_\_ ROOM REQUIRED: \_\_\_\_\_

TIME OF ACTIVITY: \_\_\_\_\_ to \_\_\_\_\_ NUMBER EXPECTED: \_\_\_\_\_

LOCATION IF OTHER THAN TVBC: \_\_\_\_\_

WILL ATTENDEES NEED TO SIGN UP?  Yes  No

WHERE (sign up sheets, online, etc.)? \_\_\_\_\_

DEADLINE? \_\_\_\_\_

IS THERE A COST FOR THOSE ATTENDING?  Yes  No

AMOUNT? \_\_\_\_\_

WHAT DOES THE COST INCLUDE? \_\_\_\_\_

WHO DO ATTENDEES CONTACT FOR INFORMATION?

NAME: \_\_\_\_\_

PHONE/E-MAIL: \_\_\_\_\_

CHILD CARE NEEDED:  Yes  No IF YES, NUMBER EXPECTED: \_\_\_\_\_

CHURCH VAN NEEDED:  Yes  No IF YES, WHO WILL DRIVE: \_\_\_\_\_

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SUPPLIES NEEDED:

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NOTES:

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OFFICE USE ONLY:  PS  ED  MU  CH  YM  OFFICE

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