

**CALENDAR REQUEST FORM
ROOM USAGE FOR ALL
CHURCH USAGE SPACE**

Person Responsible _____

Phone Number (Day) _____ (Cell) _____

EMAIL _____

Committee _____

Date(s) for Request _____

Alternate Date(s) _____

Room(s) Requested _____

Event _____

Time of Event _____ Do you need time to set up Y ____ N ____

WHAT TIME WILL YOU START SET UP (IF NEEDED) _____

Date of Request _____

Signature _____

NOTE: CANCELLATION OF EVENT

If you have to remove any event/meeting from the calendar for any reason

CONTACT JOSIE by phone, email, or note

DO NOT REMOVE ANY EVENT FROM THE CALENDAR

Josie will remove it....

(Office Use Only)

Rtn'd call _____

Put on calendar _____