

Master Calendar Request Form

*See Bulletin/PowerPoint Request Form for promoting event

Reoccurring Event:

Start Date: _____ End Date: _____

Day(s) of Week: _____

Event Start Time: ____:____ End Time: ____:____

OR

Non-reoccurring Event Date(s): _____

Event Start Time: ____:____ End Time: ____:____

Estimated # in Attendance: _____

- ____ Sanctuary (max. 370)
- ____ 101 - KDG Room (max. 12)
- ____ 102 - Front Office (max.8-10)
- ____ 103 - Elementary Room (max. 60)
- ____ 104 - 2 & 3 yr. old Room (max. 12)
- ____ 105 - 4 & 5 yr. old Room (max. 12)
- ____ 106 - Infant Room (max. 12)
- ____ 107 - 1yr old Room (max. 12)
- ____ 203 - Admin Upper West (max. 25)
- ____ 204 - Student Ministry Center (max. 60)
- ____ 208 - Admin Upper East (max. 25)
- ____ Library (max. 12)
- ____ Mother's Room (max. 8-10)
- ____ Offsite (please put address in Description of Event Box)

Description of Event:

Name: _____

Phone(s): _____

& _____

E-Mail: _____

Supervising Staff Member: _____

(Signature Required)

____ I have keys & an alarm code ____ I need key & alarm service

Request for use of materials and equipment

Office Use Only:

Date Request Received: ____/____/____

____ Approved

____ Entered in Calendar