



Room Reservation Request Form

Form used to reserve a room/space for meetings, events, etc.

NOTE: For proper scheduling, request forms must be submitted 7 days in advance.

Date: _____

Ministry Area / Person requesting: _____

Contact#: Mobile: _____ Home: _____

Email address: _____

Date needed: _____

Time needed: From _____ To _____

(NOTE: ALL meetings must end on or before 8:15PM. NO EXCEPTIONS!)

Expected # of attendees: _____

Purpose of meeting: _____

Room set-up needs:

Ministry Leader's signature: _____ Date: _____

Pillar Coordinator's signature: _____ Date: _____

Official Use ONLY:

Approved: Yes Room assigned: _____

No / Reason: _____

Room set-up accommodated: Yes No / Reason: _____

Executive Pastor's signature: _____ Date: _____

Authorizing Staff's Signature: _____ Date: _____