

# SCHEDULING FORM

---

## OFFICE USE ONLY

Date Received \_\_\_\_\_  
Date Entered \_\_\_\_\_

Notified \_\_\_\_\_  
Initials \_\_\_\_\_

---

**PLEASE FILL OUT THIS FORM AND RETURN TO THE RECEPTIONIST** *(print)*

Date of the event \_\_\_\_\_

Organization \_\_\_\_\_

Function \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Day Time Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Set-up time \_\_\_\_\_ Clean-up time \_\_\_\_\_

Facility Requested (see list below) \_\_\_\_\_

Frequency of this event (one time, daily, weekly, {day}, monthly, {day - 2<sup>nd</sup> Tuesday etc})  
\_\_\_\_\_

Any exceptions to the frequency (Holidays, vacations, etc.) \_\_\_\_\_

**I would would not** (circle one) **like this event published in the bulletin under the weekly calendar.**

Equipment needed (TV/DVD, sound system etc.) \_\_\_\_\_

***PLEASE FOLLOW CLEAN-UP PROCEDURES POSTED NEAR THE DOOR OF THE FACILITY***

### **Facilities Available**

AD Administrative Offices	Conf R Conference Room (with staff member present only)	
VR Volunteer Room	EC Education Center (room #) CL RM 7/9 double room wall open or closed?	
PK Preschool Wing	Nur Nursery	
CLC Community Life Center	K Kitchen Community Life Ctr	YR Youth Room
CH Chapel	RC Reservation Chapel	WC Worship Center (church)
NX Narthex	CRT Courtyard	MG Mary Garden