

Room Reservation Request

return to office

or email to marcia@parkerumc.org

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|---|------------------------------------|
| Group: | |
| Event Name: | |
| Start Date: | |
| End Date: | |
| Start Time: | |
| End Time: | |
| Is This a Recurring Event? If yes, describe. | |
| Room(s) Requested: | |
| # of persons attending: (so we can book the correct size room) | |
| Event Contact: (Name and number) | |
| Special Needs? | |
| Child Care Needed? | Number of children _____ Ages ____ |
| | |
| Sound Tech Needed? | |
| Power Point Needed? | |
| Additional Needs? (TV, VCR, etc.) | |
| Event to display on the "Church Wide" Calendar? | |
| Event to display on the "Public Calendar"? | |
| Attendance to be recorded? If yes, under which ministry (like Adult Ed or Worship, etc.) | |
| Notes/Comments: | |
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