FIRST PRESBYTERIAN CHURCH ROOM REQUEST FORM

EVENT NAME			REQUEST _____ CHANGE_____
DAY			DATE(S)
TIME: FROM—TO	ROOM	COUNT	
CONTACT PERSON / ADDRESS/PHONE/EMAIL			WILL NOT MEET:
BILL TO:			
SET UP / EQUIPMENT NEEDS			
KITCHEN / FOOD SERVICE REQUESTS			
CHILD CARE REQUESTED FOR _____ CONFIRMED BY _____			EVENT CONFIRMED BY _____ ON (DATE) _____