

RECURRING CALENDAR REQUEST FORM

Event/Calendar Listing: _____

Name of Group: _____

Event Date(s): _____ Time: _____

Contact Name(s): _____ Telephone: _____

Confirmation Requested: _____ Address/Office Box: _____

Meeting Room requested: (check as many as needed)

Fireside Room _____

Fireside Room Kitchen _____

Office Conference Room _____

Education Conference Quiet Room _____

John Wesley Hall (JWH) _____

Education Conference #2 _____

JWH Conference Room _____

Education Conference #3 _____

JWH Choir Room _____

Education Conference #4 _____

JWH Kitchen _____

Education Conference #5 _____

Patio _____

Other: _____

Total time needed (incl. set-up/clean up): From _____ am/pm to _____ am/pm

Will you need CHILDCARE for this event? No ___ Yes ___

Estimated # of children: _____ (Min. 1 week notice) (Office Use: Copy Pat ___)

Do you need tables and/or chairs set-up? No ___ Yes _____

of tables? _____ # of chairs _____ (Office Use: Copy to Delores _____)

(Please draw diagram below)

Office Use Only : Approved _____ Calendared _____ Confirmation Sent _____