Request Form for a Parish Activity/Meeting(s)

Ministry:								
Person Filling Ou	ut This Form:							
Phone:		Email:						
Activity Descript	ion:							
Meeting Frequen			Weekl	-	·	Yearly		
Proposed Meetin	g Date(s):					Tiı	me:	am / pm
Anticipated Set-u	ıp Time:			Estimat	ted Nur	nber of Pe	eople:	
Space Requested	(circle preference	e) Cullen	Hall	Meetin	g Roor	n		
Table Type (circle	le preference) R	ound Re	ctangle)				
Do you need use	of the kitchen: `	Yes No						must meet to the event
Do you require k	itchenware?	Yes No	If Y	es, circle:	_	_	mall plate stic silvery	_
Any need for AV	equipment?	projector	TV	micropho	ones	big scree	n podiu	m other
Please note: If Coevent setup.	ıllen Hall is neede							
For staff use:								
	Date approved	l:						
Leader notified of	approval: Date			by				

