

Calvary Baptist Church
Room Request Form (No Setup)

Requested By: Ministry_____

Name_____

Contact Number_____

Cell Number_____

Email Address_____

Date of Activity:_____ # of participants:_____

Start:_____ AM or PM (circle one) End:_____ AM or PM (circle one)

Repeat:_____

Please indicate which room(s) will be used:

_____ Mark	_____ Matthew
_____ Ruth	_____ Mary
_____ Pauline	_____ Upper
_____ Martha	_____ David
_____ Genesis	_____ John
_____ Chapel	_____ Sanctuary

Equipment Request:

_____ Overhead Projector
_____ TV/VCR
_____ TV/DVD

Office_____ / Facilities_____

Please return this form to the office no later than three working days before your scheduled event.

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