

Meeting Room Schedule Form
Internal Group Use

Is this a new request? _____ Today's Date _____

Is this a change to an existing requesting? _____

Ministry /Group _____ Date(s): _____

Contact Person: _____ Date(s): _____

Contact: phone/email _____ Date(s): _____

*Meeting Room (s) Requested: _____ Start Time: _____ AM/PM

*Meeting Room (s) Requested: _____ End Time: _____ AM/PM

*Meeting Room (s) Requested:

*Please check the MASTER calendar (online or the RED 3 ring binder hard copy located on the office bookcase) before making requests.

*All requests are pending based on availability & approval by the Office Manager

Equipment needed: _____ Requesting special setup? Yes No

_____ if yes, please explain: _____

Other: _____

Other: _____

Notes:

Please return this form to the Office
Manager:

office@flc-aitkin.com