



FOR OFFICE USE ONLY:

Room Registration Form

Committee/Ministry: _____

Committee/Ministry Chair: _____

Contact Information: Cell # _____

E-Mail _____

2nd Contact: _____

2nd Contact: Cell # _____

E-Mail _____

Meeting Day: _____ **Time:** _____

Monthly/Weekly: _____

Start Date: _____ **End Date:** _____

Location of Meeting:

Worship Space ___ **Chapel** ___ **Narthex/Portico** ___ **Conference Room** ___

Room 201 ___ **Room 203** ___ **Room 205** ___ **Room 207** ___ **Room 208** ___

Banquet Room 216 ___ **Banquet Room 215** ___ **Kitchen** ___ **Patio** ___

Event Details: _____

Special Event Date: _____ **Time:** _____

Number of Attendees: _____