Mount Zion
United Methodist Church
Highland, MD

Love Grow Serve

Touching Lives for Jesus Christ

CHURCH CALENDAR REQUEST

Event (please give a full description of the activities)

_____

_____

Date(s) Requested _____

(Please also include an alternate date)

Recurring Event Yes / No **Projected End Date** _____

If Yes, Is it daily weekly monthly yearly

(Please circle one)

Room(s) Requested _____

(please also include an alternate room)

Number of Participants Expected _____

Time Room Is Needed For Setup _____

Actual Start Time of Event _____

Event Will Be Over By _____

(Please include time for clean-up)

You are responsible for set-up/take down for the event – including cleaning up the space and removing trash. Please print the name, phone number, and email of the responsible party below.

Name _____

Phone Number/Email _____

Committee _____

Date Submitted _____ Date Approved _____

Please submit a form for each event you would like to schedule.

Please put completed form/s in the Administrative Assistants mailbox.

You may also email this information to office@mtzionhighland.com

Events may be booked up to one year in advance.