

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)

Number of Participants Expected _____

Room(s) Requested _____
(please also include an alternate room)

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 Church Secretary's hallway mailbox.
You may also email this information to moea@mtzionhighland.com
Events may be booked up to one year in advance.**

**REQUESTS ARE NOT APPROVED UNTIL YOU HAVE RECEIVED
CONFIRMATION FROM THE CHURCH OFFICE.**