

Rochelle United Methodist Church Scheduling Form

Organization _____

Date form filled out _____

recurring event?
 yes no

Date(s) Requested _____

Start and End Time _____

Group Size _____

(including set up and take down)

Description of Event

Do you have keys?
 yes no

Specific Room Requests _____

Noise Level of Event _____

Do you need the kitchen? yes no

Have you read & signed the kitchen policy and rules? yes no

Have you seen the cost list and do you understand your responsibility? yes no

Any Special Needs? (quiet, need TV, special furniture in room) _____

Any Cleanup/Janitorial Services Needed? _____

Contact Person _____

Contact Phone _____

Contact Email Address _____

Office Use

Approved

Entered into Breeze

Keys given to _____