

FIRST UNITED METHODIST WAXAHACHIE CALENDAR REQUEST FORM

Date: _____

Event Date: _____

Event Time: _____

Requested by:

Name: _____

Group: _____

Phone Number: _____

Description/Information:

Approximate number of people expected: _____

Room Requested: _____

Set-Up/Arrival Time: _____

Closing/Departure Time: _____

Childcare Needed: _____

Approximate number of children expected and ages: _____

Equipment Needed: _____

Please submit seating plan if set up is necessary.

OFFICE USE ONLY

Fee Charged _____ Deposit Paid _____ Balance Due _____

Calendared on: _____ By: _____

Computer: _____ By: _____

Childcare Notified: Date: _____ By: _____

Keys Issued: _____ Returned: _____