

Room Reservation Form

Use this form to reserve room usage for meetings held in the church. Please note: approval from Session or Staff may be necessary. Submit completed form to the church administrative assistant, Sally Gilreath at sgilreath@fpcro.org. Notify Sally of any changes, additions, or deletions to this request.

Group: _____ Number of Attendees: _____

Contact Person: _____

Phone Number(s): _____

Email: _____

Date Submitted: _____ Signature: _____

Room Set-Up Details: _____

Front Desk Receptionist / Evening Security Required? Yes No

Other Comments/Concerns/Questions: _____

Date(s)	Start Time	End Time	Desired Room(s)
	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	

Is Audio / Visual Equipment Required? Yes No

Describe A/V Needs: _____

Room Set-Up Details:

Draw Room Diagram (*optional*):

