

For Office Use Only: Received By: _____ Date: _____ Entered in Outlook Calender: _____ Reviewed By: _____
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Harvest Fellowship Room Reservation Request

Please fill out and submit to church office for review. Once rooms are approved, you will receive a confirmation form.
Please ask about room policy and costs. Any questions see Kim Torrance.

Today's Date: _____

Contact Person: _____ Name of Group: _____

Contact Phone: _____ Email address: _____ @ _____

Church Building

Sanctuary

Date(s): _____ Time(s): _____ to _____

Conference Room

Date(s): _____ Time(s): _____ to _____

Fellowship Hall

Date(s): _____ Time(s): _____ to _____

Church Kitchen

Date(s): _____ Time(s): _____ to _____

Nursery

Date(s): _____ Time(s): _____ to _____

Toddler Room

Date(s): _____ Time(s): _____ to _____

School Building

Gym

Date(s): _____ Time(s): _____ to _____

School Kitchen

Date(s): _____ Time(s): _____ to _____

Room 201

Date(s): _____ Time(s): _____ to _____

Preschool Room 203

Date(s): _____ Time(s): _____ to _____

Room 301 Youth Room

Date(s): _____ Time(s): _____ to _____

Room 303 Youth Room

Date(s): _____ Time(s): _____ to _____

Preschool Room 1st Floor

Date(s): _____ Time(s): _____ to _____

Library

Date(s): _____ Time(s): _____ to _____

