

New Macedonia Baptist Church Multi-Purpose Room Scheduling Request Form

Information must be submitted to Shirley A. Johnson Dent at least 30 days prior to the event. The form will be returned with confirmation.

Date Submitted:

Requested By:

Contact Information: Phone #:

Date of Meeting Ministry Name:

Type/Purpose of Meeting:

Food Served: Yes No

Time of Meeting: From: To:

Number Expected:

Standard Request: Every Until

Equipment Needed:

Media Needed: Yes No

***** Do Not Write Below This Line *****

Official use for New Macedonia Baptist Church Only:

_____ Approved and Scheduled

_____ Denied: Reason _____

Signature _____ Date _____