

T.C.O.G.
FACILITY REQUEST

Todays Date ___/___/___

Date Requested ___/___/___ Second Choice ___/___/___

Type of Function _____

Room(s) needed _____

Time room(s) will be needed: From ___:___ To ___:___

T.V. _____ V.C.R. _____ Tables _____

Person Responsible _____

Phone # _____

Contact Person _____

Phone # _____

****Please return this form to the church office at least (2) weeks prior to the activity. This is a request form, not a confirmation. Call the office (639-4000) for confirmation.****

Approved By _____ Date _____
