

**MOUNT CALVARY BAPTST CHURCH  
REQUEST FOR MEETING SPACE**

DATE OF REQUEST:

DIVISION:

MINISTRY TEAM LEADER:

**PROPOSED MEETING DATE/TIMES(S):**

MONTH	DATE	TIME	MONTH	DATE	TIME	MONTH	DATE	TIME

FREQUENCY:

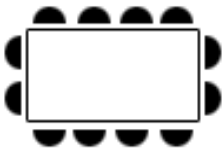
WHAT DAY(S):

A/V: (Y) (N)

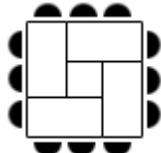
TOTAL ATTENDEES:

*State purpose of meeting and how it contributes to the mission, vision and values of the church:*

**SELECT ROOM SETUP SELECTION**



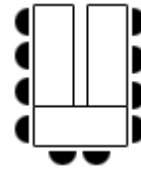
CONFERENCE



HOLLOW-SQUARED

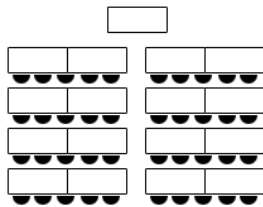


SQUARED

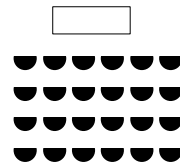


U-SHAPED

CLASSROOM  
TABLE & CHAIRS



CLASSROOM  
CHAIRS ONLY



To be Completed by Church Office

APPROVED:

DISAPPROVED:

ROOM ASSIGNED:

DIVISION DIRECTOR:

REVIEWED BY: