



FIRST PRESBYTERIAN CHURCH
OF WOOSTER

621 COLLEGE AVENUE
WOOSTER, OH 44691

Event Scheduling Form

Name of Organization: _____

Event name and description: _____

Date of Event _____ Date of Request _____

Approved/Scheduled _____

Event Time: _____ End Time: _____

Set-Up Times: _____

_____ One time only _____ Monthly _____ Bi-Monthly

_____ Weekly _____ Multiple Days

Which day(s) of the week (circle)?

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Room(s) requested:

____ Sanctuary ____ Chapel ____ Bruch Hall ____ Classroom 1
____ Classroom 2 ____ Classroom 3 ____ Youth Center ____ Nursery
____ Kitchen ____ Library ____ Parlor ____ Parlor Kitchen

Contact Person, Phone Number, Email:

Address: _____

****Rooms are not scheduled more than 9 months in advance.**

Anticipated number of participants: _____

Will a participant fee be charged: ___ Yes ___ No

Will food or drink be consumed? ___ Yes ___ No

Special needs or requirements

- Dishwasher _____
- Coffee maker & pots _____
- Linens _____
- China & Silver _____
- Video Boards & Mics-Sound _____, _____
- Platform stages _____
- Classroom TV _____

- Other (Please describe) _____

Set up instructions (provide a sketch)

ACCEPTANCE OF RESPONSIBILITY

I agree to be responsible for the conduct of those coming to, or participating in, the activity for which this application is being made, and for any damage beyond normal wear and tear that may occur as a result of the activity. I will remove all signs posted by my group after the meeting has ended.

Signed _____

Printed Name _____

Date _____

Billing Address _____
