

**St. Timothy Lutheran Church  
Calendar Schedule/Change Request Form**

Name of Event: \_\_\_\_\_

Group Meeting: \_\_\_\_\_ Today's date: \_\_\_\_\_

Person Making Request: \_\_\_\_\_ Telephone #: \_\_\_\_\_

♦ *With this request I agree that I am the responsible party to return requested room to state in which it was found* ♦

\_\_\_\_\_  
*Signature*

\_\_\_\_\_ **Schedule Request**

\_\_\_\_\_ **Change Request \*\***

Date of Meeting: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Is this a \_\_\_ one time \_\_\_ weekly \_\_\_ monthly \_\_\_ bi-monthly \_\_\_ quarterly meeting?

**If not a one-time meeting**, what is the schedule? (i.e. second Thursday of each month, weekly on Tuesday's etc.) \_\_\_\_\_

How many people will be meeting? \_\_\_\_\_

**Space/Area Requested** (Sanctuary, classroom, etc.) \_\_\_\_\_

*If you need tables please request a **CLASSROOM**. The office will make every attempt to place your group in the area requested. You will be contacted if there is a conflict.*

\*\*If this is a **CHANGE OF SCHEDULE REQUEST** please explain how previous request needs to be changed.

\*\* \_\_\_\_\_

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**CONFIRMATION** *Please keep for your records*

Date received: \_\_\_\_\_

Activity Scheduled \_\_\_\_\_

Date/s Scheduled: \_\_\_\_\_ Time Scheduled: \_\_\_\_\_

Room(s) Scheduled: \_\_\_\_\_

Was request able to be accommodated? \_\_\_ Yes \_\_\_ No

Notes: \_\_\_\_\_

Office Manager Signature \_\_\_\_\_