

Damascus United Methodist Church Room Reservation Form

One Time Reservation

Name: _____ Organization: _____

Contact Information: _____

Event: _____

Date: _____ Time: _____

Room Requested: _____

Number of People attending: _____ Special setup required? _____ (attach diagram)

(for office use) Room assigned: _____

Reoccurring Reservation

Name: _____ Organization: _____

Contact Information: _____

Event: _____

Start Date: _____ End Date: _____

Time: _____

Room Requested: _____

Number of People attending: _____ Special setup required? _____ (attach diagram)

(for office use) Room assigned: _____