

Calendar Event Request Form Date submitted _____
If you need to cancel this date for any reason, please call the office, 926-1478
to have the event removed from the calendar.

Group or organization requesting: _____

Date requested (or regularly scheduled date such as 1st & 3rd Mondays at 3 p.m.): _____

Beginning date: _____ Ending date: _____

Area(s) requested: _____

Contact person: _____ Phone and/or e-mail: _____

Equipment needed: TV VCR _____

_____ rectangular tables _____ round tables _____ chairs

If you have a specific layout for CPH or ESH, get a room diagram from Marianne & give her a drawing of the desired setup.

Do you need child care for this event? Yes No Time you will need a sitter(s) _____ to _____

Calendared by: _____ Date: _____

Rooms are assigned on a first come principle. After your date is calendared and the room for your meeting is assigned, this form will be placed in your box or mailed to you.