



# ROOM RESERVATION FORM

Calvary Episcopal Church  
806 Thompson Road  
Richmond, TX 77469  
281-342-2147  
Fax (281-232-5945)

For Office Use Only

Received \_\_\_\_\_

Entered \_\_\_\_\_

Changed \_\_\_\_\_

**Please call first to reserve a room  
then send completed form within 2 days.  
Room Assignments can be changed**

Check here if changing a previous form

Check here for on-going meetings to keep the same set-up sheet. (Cut-off Date: \_\_\_\_\_)

**PLEASE PRINT OR TYPE:**

**EVENT NAME:** \_\_\_\_\_

Date From \_\_\_\_\_ To \_\_\_\_\_ Room /Location \_\_\_\_\_

Time Needed \_\_\_\_\_ To \_\_\_\_\_ Frequency: \_\_\_\_\_

(E.g. every Thurs., daily, once)

Number Attending \_\_\_\_\_

Council/Comm./Org. \_\_\_\_\_ Scheduled by: \_\_\_\_\_

Contact's Phone: (W) \_\_\_\_\_

Event Start Time \_\_\_\_\_ (H) \_\_\_\_\_

Event End Time \_\_\_\_\_ (M) \_\_\_\_\_

**Child Care:** YES \_\_\_\_\_ NO \_\_\_\_\_ How Many? \_\_\_\_\_

**Equipment needed:** Podium: \_\_\_\_\_ Flip Chart: \_\_\_\_\_ Easel: \_\_\_\_\_ Overhead Projector: \_\_\_\_\_

TV/VCR: \_\_\_\_\_ P.A. System \_\_\_\_\_ Lap Top Projector \_\_\_\_\_ Other: \_\_\_\_\_

Please specify/draw your room set-up including **number, type and placement of tables, chairs, other equipment, etc.**