

Buckingham UMC
Calendar and Room Request

Date Desired: _____ Time: _____

Room Desired: _____

Activity Planned: _____

Approximate Number of Participants: _____

Facilities Required (check if needed)

_____ Tables
_____ Television/DVD/_____

Sponsoring Group: _____

Name of Person Making This Request: _____

Telephone: _____

Date Request Made: _____

Presented to Trustees on

Approved?

Yes _____ No _____

Calendared on
