



Scheduling Request

Date Making Request: _____ Date of Meeting: _____

Day of Meeting: Su M Tu W Th F Sa

Arrival Time: _____ Departure Time: _____

Name of Group Meeting: _____

Room Requested: _____ (*Morrison Hall, gym, Conference Room, etc.*)

Number Attending Meeting: _____

Nursery Needed: Yes No Time: _____

Contact Name & Signature: _____

Contact Person Email: _____ Phone: _____

Please submit requests to Missy McCain in the church office at missy@trinitylittlerock.org, or a hard copy may be submitted in the church office at the front desk at least two weeks before the event.

Church Phone: 501-372-0294

Church Fax: 501-372-0416

All pages must be completed. Alcohol policy is signed and included.

For Office Use Only

Conflicts: _____ Posted on Office Calendar- Date: _____

Sexton Scheduled on Duty: _____ Sexton Notified on Date: _____

Approved by: _____