

Calendar/Facility Use Request

(for SCUMC Groups only)

REQUESTOR INFORMATION

Name: _____

Phone: HM _____ Cell _____

Email: _____

CALENDAR INFORMATION

Event Name: _____

Date(s): _____

Start Time: _____ End Time: _____ Group Size: _____

Requested Location: _____

Contact Name for this event: _____

Contact Phone#: _____ Email: _____
(optional) (optional)

Event Information: _____

<u>For Office Use Only</u>	Changes to Repeating Events: _____
Calendar entry made by: _____	Notes: _____