



ST. MARK UNITED METHODIST CHURCH

ROOM SET-UP REQUEST FORM

FOR: _____
(Name of Organization/Group/Ministry)

WHEN: _____ Room Name _____
(Day, Date and Time)

HOW: Describe and/or Draw Diagram

W i n d o w s O f f S t L a w r e n c e	Windows facing parking lot	K i t c h e n
--	----------------------------	---------------------------------

SUBMITTED BY: Name _____

Telephone Number _____ DATE: _____