



Williams Memorial CME Church
3400 Triangle Lake Road
High Point, NC 27260
Ph. 336-883-7330

MEETING REQUEST FORM

This form must be completed when scheduling a meeting to be held at the church, and must be submitted at least two (2) weeks in advance.

Form may be mailed, faxed, e-mailed as an attachment, or submitted to the Church Secretary's Office

Name of Organization _____

Requested Date _____ Requested Time _____

Is this a recurring meeting? yes no

**If yes, please specify when and how often you meet so that it can be put on the church calendar each month*

Average number of people in attendance: _____ Number of Rooms Needed: _____

Special Needs:

Tables White Board Clear area (for movement such as dance)

Musical instruments Audio/visual equipment Kitchen
1. _____ 1. _____ Details: _____
2. _____ 2. _____ _____
3. _____ 3. _____ _____

Other
1. _____
2. _____
3. _____

Additional Comments:

Requestor Signature/Date

Approval Signature/Date

12/7/04 BOCE/ITT

<p><i>For office use only:</i> Room Assignment:</p> <p>Special Notes:</p>
