Holy Trinity **Room** Reservation
Information and Schedule

Please fill out the form completely. Include set-up time and clean-up times when you enter times "in" and "out".

Name of organization/group:

Den/Troop/Group number:

# of people expected to meet: Grade Level:

Name of Leader/Contact person:

Phone number: Cell Phone number:

Alternate leader/contact person:

Phone number: Cell Phone number:

Purpose/agenda for meeting:_____

I have received and read the Guideline Sheet and have attached a roster:

_____ _____
(Leader Signature) (Asst. Leader Signature)

Date Requested	Time In	Time Out	Confirmed Room #

(Over)

Date Requested	Time In	Time Out	Confirmed Room

Additional Comments or questions: