Bethany Baptist Church

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"Real People Serving A Real God"
Pastor H. Patrick Cason, M.Div., M.A.C.E.

MEETING SPACE REQUEST FORM

Please specify any meetings that will take place throughout the year. Please return this form to the Church office. The information supplied will assist in assigning meeting space. Requests for space should be made at minimum (2) weeks prior to the meeting. **Please allow 24-48 hours for approval of request**.

If this form is not returned to the office, your meeting will not be placed on the church calendar and a meeting space will not be provided. **Please note that choosing a particular meeting space does not guarantee that space.**

Ministry Name _____

MEETING DATE(S)	MEETING TIME	# OF ATTENDEES	TYPE OF MEETING	ROOM SPACE REQUESTED

DATE SUBMITTED: _____

FORM SUBMITTED BY: _____

CONTACT NUMBER: _____