

Room Reservation Form
First Presbyterian Church
801 Leavenworth Street
Manhattan, KS 66502
785-537-0518

NAME OF GROUP: _____
CONTACT PERSON: _____
PHONE NUMBER: _____
TIME REQUIRED FOR ACTIVITY: _____
(Start Time: _____ End Time: _____)
NUMBER OF PARTICIPANTS: _____
ROOM(S) REQUESTED: _____
DATE REQUESTED: _____

SPECIAL INSTRUCTIONS

Indicate Lay-Out of function on back of reservation form
(please indicate equipment, supplies, and quantity needed)

Tables 5' round _____	Tables 8' rectangular _____	Chairs _____
Chalkboard _____	TV _____	DVD player _____
Projector _____	Microphones _____	Easels _____

This reservation must be submitted at least one week before space is required.

The room should be left neat and clean after the function.

Your Signature _____ Date: _____
Approved by _____ Date Received: _____