

OUUC Calendar & Room Reservation Request Form

Contact Name: _____

Email: _____ Phone: _____

Group Name: _____

Event / Meeting Name: _____

Brief Description of Event: _____

Event Type (check one): One-time event Consecutive days event Recurring event

Event Date(s): _____ Time Start: _____ End: _____

Time Needed Before & After Event For Set-up and Clean-up : _____

Estimated Number of Attendees: _____

Room Request (*check all that apply*)

- Sanctuary
- Commons
- Classroom (Circle all that apply): 3 4 5
- Youth Room
- Nursery (*supervision required*)
- Kitchen

Equipment Request (*check all that apply*):

- Cart Meeting OWL Key card needed

Additional Information or Questions: