

Stouffville United Church

Booking Request Form

Name of Meeting or Event: _____

Date: _____

Day

Month

Year

Time Range: Start: _____ AM or PM (please highlight one)

Finish: _____ AM or PM (please highlight one)

Repeats:

One Time

Weekly

Monthly

Room(s):

Full Church

Sanctuary

Davis Rm.

Friendship Rm.

Upstairs Kitchen

Auditorium

Downstairs Kitchen

Sunday School Rm.

Youth Spirit Rm.

Prayer Garden

Parking Lot

Off-Property**

**If Off-Property, please provide a location:

Auxiliary Items (i.e. sound system, mics, etc.):

Description (eg. Church event, outside rental):

Contact Information:

Name: _____

E-mail: _____

Phone: _____

Email to
webmaster@stouffvilleuc.ca