

CALENDAR SCHEDULE ALLIANCE UNITED METHODIST CHURCH

Date: _____

Contact Person: _____

Address: _____

E-Mail Address: _____

Telephone: _____

Event/Group Name: _____

Start Date: _____

Day of Meeting:

Sun Mon Tues

Wed Thur Fri Sat

End Date: _____

Please attach a schedule if your form is
for more than 1 meeting time!

Please check marquee for room assignments!!

Start Time: _____ A.M./P.M. End Time: _____ A.M./P.M.

No. of People Attending: _____

What Areas of the Church Building Will You Need for the Event:

**Group Leaders, please contact the office (817) 581-1688 at least 24
hours in advance of a schedule change!!**

Office Use Only

Event Approved By: _____ Date calendared: _____

Calendared By: _____