

CALENDAR RE-SCHEDULE ALLIANCE UNITED METHODIST CHURCH

Date: _____

Contact Person: _____

Address: _____

E-Mail Address: _____

Telephone: _____

Event/Group Name: _____

Original Start Date: _____

New 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 hours in
advance of a schedule change!!**

Office Use Only

Event Approved By: _____ Date calendared: _____

Calendared By: _____