

**ABIDING PRESENCE
CALENDAR RESERVATION FORM**

Name of Event _____

Brief description of Event _____

Event Date and Time _____

Contact Person _____

Phone Number and Email _____

How many people do you anticipate attending? _____

What rooms will you be using? _____

What time do you need the room reserved for? (Including set-up and clean-up)

Will you need a key to the building? _____

Who are the other volunteers (if any) _____

Is this a fundraising event? Yes No

If yes, who is the beneficiary? _____

Are you applying for a Thrivent Action Grant? Yes No

If yes, who is the Thrivent member submitting for the grant? _____

Please return this form to Julie Cavellier in the church office.