

ROOM RESERVATION FORM

This form MUST be filled out and submitted to S. Mike Bernd and/or Patti Davis-Leaf for reserving rooms.

E-mail to - m.bernd@frontiernet.net

If an event is changed this form MUST be submitted within 24 hours prior to the event.

Name: _____

Phone Number: _____

Event: _____

Time: _____

Date: _____

IC Church: _____ IC Education Center: _____

CHANGES: _____

Date Submitted: _____

THIS FORM MUST BE SUBMITTED EACH TIME

IF THIS IS TO BE A PERMANENT MEETING A SCHEDULE MUST BE
SUBMITTED AT THE TIME OF REGISTRATION