



PINWOODS PRESBYTERIAN CHURCH

NURSERY REQUEST, CHANGE OF REQUEST AND CANCELLATION FORM

_____ REQUEST _____ CHANGE OF REQUEST _____ CANCELLATION (CHECK ONE)

Name of Committee _____ Name of Function _____
 Person Requesting _____ Date submitted _____
 Telephone Number _____ E-mail Address _____
 Will the event be *off church property*? No Yes - *only if yes, fill in the next two lines:*
 Emergency Contact Person _____ Telephone Number _____
 Location _____

Cancellation: Write the date and event being cancelled. _____

Change of Request: Write specifically what is being changed. _____

Nursery request: Check the line below that applies to the event. _____

- _____ One time event - Occurs one day and one time. **Complete line number one.**
- _____ Weekly event - Occurs weekly on the same day with the same time.
- _____ Monthly event - Occurs monthly on the same day with the same time. List day as first, second, third.
 For **weekly and monthly** events **list each date seperately** and the **day and time once.**
- _____ **One event** with **different** dates or days or times. Use **one form listing** all dates, days and times on **every other line.**
 For example: VBS, missions conference or 3-day conferences.

DATE	DAY OF WEEK	STARTING TIME	ENDING TIME
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

Additional Comments _____

Forms must be turned into the office in at least 2 weeks prior to the publication deadline or the event.

White Copy---Person filling out form; Yellow Copy---Nursery; Pink Copy---Office

Direct all questions to:

Revised 6/28/07