

**TSLC Room Reservation Form**

Name of requestor \_\_\_\_\_

Phone/email of requestor \_\_\_\_\_

Date of event \_\_\_\_\_

Time of event \_\_\_\_\_

Room needed \_\_\_\_\_

Approx. number of people attending \_\_\_\_\_

Room set up needs \_\_\_\_\_

Kitchen needs \_\_\_\_\_

The church office will check for room availability and contact you to confirm your reservation. Please do not make any final arrangements until your reservation has been confirmed.