

Entered on Master Calendar

Date: _____

Name: _____

Give to Margaret Bremer

Reservation No. _____

CALENDAR / CHILDCARE REQUEST

St. Andrew's Presbyterian Church

5308 Buffalo Speedway 77005

PHONE 713-667-1703

FAX 713-667-1734

email: info@sapch.org

Day of Event: (circle) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Start Date of Event: _____ End Date of Event: _____

Start Time of the Event: _____ a.m. or p.m. End Time of the Event: _____ a.m. or p.m.

Is this a recurring event? Yes _____ No _____ (If yes, monthly, weekly, etc.) _____

If the room needs to be ready in advance, please reserve the room beginning at _____ a.m. or p.m.

Group Name: _____ (Circle) Adults Youth Children

Name of Event: _____ Event will be: On campus ___ Off campus ___

Room Preferred: _____ Number of Attendees Expected: _____

Room assignments take into account room availability, size of your group, and building use issues. You will be informed of the room your event is assigned.

Contact Name: _____ Email: _____ Phone: _____

Childcare Needed: Yes _____ No _____ What time do you want Childcare to begin? _____

CHILDCARE IS BY RESERVATION ONLY

So that appropriate Childcare planning may take place, **requests should be made as early as possible. All cancellations require 48 hours notice.**

PLEASE CALL X210 WITH THE FOLLOWING INFORMATION ONE WEEK PRIOR TO THE EVENT:

Estimated number of children needing childcare.

Infant (birth through 23 months) _____

Preschool (2 – 4 yrs.) _____

Elementary (5 – 11 yrs.) _____

For Childcare Office use only:

Date received: _____ No. of caregivers: _____ No. of children served: _____