

Event Schedule for \_\_\_\_\_  
(Trimester)

Group Name \_\_\_\_\_

Meeting Time \_\_\_\_\_

Teacher \_\_\_\_\_

	Date	Time	Event	Purpose (Outreach, Fellowship etc.)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Please fill this form out and leave it in your box at the beginning of each trimester to insure you have facility space reserved for your events.