Trinity Episcopal Church
Event Fact Sheet

Please submit to Church Office at least 1 week prior to event

Today's date _____ Number of Persons_____

Name of Group or Event_____

Date of Event_____Time of Event_____

Name(Person to contact)_____

Address_____City_____State_____Zip_____

Phone_____Email Address_____

Equipment Needed (extensions cords, TV, VCR, etc.)

Location of Event (Check Appropriate Box)

Parish Hall	Kitchen	Church	Chapel	Library	Undercroft
☐	☐	☐	☐	☐	☐

Set up instructions (placement of tables, etc.)