

Unitarian Universalist Congregation of Binghamton

In-Person Gathering Request Form

Event Description: _____

Date, Time, and Duration of Event: _____

Sponsoring Group / Committee: _____

Event Location (address and specify indoor or outdoor): _____

Estimated Attendance: _____

Covid measures, when different from the UUCB In-Person Gatherings Policy:

Name(s) of Covid monitor(s): _____

Event organizer has read the ['UUCB In-Person Gatherings Policy'](#) and will communicate to all participants.

Signature Event Organizer (Name/Phone/Email):