

**SHEPHERD OF THE HILLS UMC  
CHILDCARE REQUEST FORM**

**EVENT:** \_\_\_\_\_

**Requested Date of Event:** \_\_\_\_\_ **Time and Length of event:** \_\_\_\_\_

**List of Child(s) Name(s) and Age(s):**

\_\_\_\_\_

**Person Responsible for coordinating the event:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Please email this form to Amy Strawn at [astrawn@sothumc.org](mailto:astrawn@sothumc.org); or Stephanie Cleye at [scleye@sothumc.org](mailto:scleye@sothumc.org). You can also drop it off at the church office.  
Remember to turn it in at least 7 days prior to your scheduled event.