

FIRST UNITED METHODIST CHURCH FACILITY USE REQUEST FORM

Requestor Name: _____

Email: _____

Telephone #: (C) _____ (H) _____ (W) _____

Address: _____

Member FMCW: Yes ___ No ___ if no; designate FMCW Member sponsor _____

Name of Group or Organization: _____

Event sponsored by First United Methodist Church? Yes ___ No ___ Group Sponsor _____

Event Name: _____

Date of Event: _____ Event Time: Beginning _____ Ending _____

Set Up Time: Beginning _____ Ending _____

One Time Event: _____ Recurring: Weekly _____ Monthly _____

Recurring: Start Date _____ End Date _____

Type of Activity: _____

Estimated size of group: _____ Children in Group ___ No ___ Yes (Safe Sanctuary Covenant Required)

Children Require Nursery ___ Yes ___ No (if Yes, Safe sanctuary certified attendant required)

Facility Requested:

- Sanctuary _____ Cowell Chapel _____
- Wesley Hall _____ kitchen _____ Parlor _____
- Fellowship Hall _____ kitchen _____ Asbury Conference Room _____
- Ed Bldg Classroom _____

Equipment requested:

- Lectern _____ Tables (round) _____ Tables (long) _____
- No. of Chairs _____ Sound System _____ TV w/ Dvd player _____
- A/V Technician _____ Table Cloths _____ (contact UMW)

A/V Capability Requested: Sound only _____ Sound & Screen Activity _____ Recording/streaming _____

Security & Damage deposit of \$100 is required to secure the event on the calendar. Date Recvd _____

Fee for use: _____ **Refer to attachment 3**

Fee invoice DATE sent _____ **All fees must be paid one week prior to the event.**

Fee received DATE _____