

United Methodist Church

FACILITY RESERVATION REQUEST

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Person |  | Ministry/Organization |  |
| Main Contact Phone |  | Email Address |  |

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| --- |
| **Indicate your affiliation to St. James:** |
| [ ]  Church Member | [ ]  Regular Attender | [ ]  Church Ministry | [ ]  No Affiliation  | [ ]  Organization |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Event/Activity |  | Date |  | Recurring? | Yes [ ]  No[ ]  |
| Start Time  |  | End Time |  | Set up or clean up? | Y or N | How long? |  |
| Estimated Attendance | 400 |  |

**Indicate the area(s) of the facility requested**

|  |  |  |
| --- | --- | --- |
| [ ]  Sanctuary | [ ]  Conference Room | [ ]  Membership Room |
| [ ]  Great Hall  | [ ]  Room 2A | [ ]  Music Room |
| [ ]  Worship Center | [ ]  Room 2B | [ ]  Youth Room |
| [ ]  Vaughan Chapel | [ ]  Room 2C | [ ]  Kidz Kingdom - Red |
| [ ]  Newton Lounge  | [ ]  Room 2D | [ ]  Kidz Kingdom - Yellow |
| [ ]  Fellowship Hall  | [ ]  Room 2E | [ ]  Kidz Kingdom - Purple |
| [ ]  Kitchen | [ ]  Room 2F | [ ]  Nursery |

***A Certificate of Insurance will be required in certain circumstances.***

|  |  |  |
| --- | --- | --- |
| **Does event require set up and tear down?** |  | If yes, please detail on reverse of this form |
| **Does event require Audio/Visual support?** |  |  |

|  |  |
| --- | --- |
| [ ]  Music  | [ ]  CD [ ] MP3/MP4 |
| [ ]  Video  | [ ]  DVD [ ] MP3/MP4 |
| [ ]  PowerPoint Presentation  |
| [ ]  Microphones | How many? |  |
| [ ]  Projector (Laptop is not provided) |

***Internal use only:***

Date received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_

Rate quoted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deposit received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Balance due/by date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Media Director copied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sound Tech assigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Light Tech assigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Presentation tech assigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Calendared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date/initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cert of insurance requested? Yes/No date received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check requests sent date/initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building opener \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building closer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROOM DIAGRAM

Indicate number of tables, chairs, etc.

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| **Special Notes/Requests:** |
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PLEASE RETURN COMPLETED FORM TO THE DIRECTOR OF OPERATIONS