

United Methodist Church

FACILITY RESERVATION REQUEST

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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