

Room Request/Custodial Assistance Form

(Non-Profit Only)

St. Mark's United Methodist Church

Today's Date: _____

Name of individual and/or group: _____

- Contact Person: _____
- Address and/or Phone: _____

Date(s) of Event: _____

- Time: Start: _____ Finish: _____
- Purpose of use: _____
- Room(s) Requested: _____
- Group Size: _____

Special needs and/or room setup instructions:

- Equipment needed: _____
- Room setup (please provide sketch below):

N

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Please note: When meeting is adjourned, groups are encouraged to clean up, return room to its original set up and turn off all lights and heating/cooling equipment.

Calendar availability: Yes No

Charge for usage: Yes No Amount of Charge: \$ _____

Key(s) given: _____ Key(s) returned: _____

