

Received by Admin. Associate  
 Copy to Maint. Coordinator

**St. Mark's United Methodist Church**  
**Room Request/Custodial Setup Form**  
*(Submit form to Administrative Associate)*

**Today's Date:** \_\_\_\_\_

**Name of Group:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address including zip code: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

**Name/Purpose of Event:** \_\_\_\_\_

**Date(s) of Event:** \_\_\_\_\_

Event Time – Beginning time: \_\_\_\_\_ Ending time: \_\_\_\_\_

How much time do you need for set up? \_\_\_\_\_

**Room(s) requested:** \_\_\_\_\_

**Group size:** \_\_\_\_\_

**Special needs and room setup instructions:**

Equipment needed: \_\_\_\_\_

Room set up (Sketch Required):

N

W

E

S

**Please Note:** Groups should return room to original set up unless otherwise instructed. This includes the return of all items that have been removed. Group leader should turn off all the lights, return heating/cooling to its original setting, and lock all doors.

**Calendar availability:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Charge for Usage:** Yes: \_\_\_\_\_ No: \_\_\_\_\_ **Amount Due:** \$ \_\_\_\_\_ **Paid:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Key checked out:** Yes: \_\_\_\_\_ No: \_\_\_\_\_ **Key returned:** Yes: \_\_\_\_\_ No: \_\_\_\_\_