



St. Mark's United Methodist Church
Church Facilities Use Request

- Received by Admin
Approved by AdBoard
Copy to Maintenance
Copy to Tech Support

Instructions: Form may be filled in on line or printed and filled out as a hard copy. Type or write in blanks; click or mark boxes for "Yes" and "No" answers. Submit on-line forms to the Office Manager at george@umcstmarks.org. Hard-copy forms can be dropped off at the Church Office. Direct questions to the Office Manager at george@umcstmarks.org or 520-297-2062.

Form Submission Date: _____

Event Background: Event Name: _____

Date(s): _____

Name of organization/group: _____

Contact person/phone number/email: _____

Is this a church function? Yes No

How many people, including guests, volunteers, performers, etc., are expected? _____

Times (allow for your setup & cleanup): Start: _____ End: _____

Church Facilities Requested: List the church facility(ies) requested in the space provided below. Facility use must be in accordance with the St. Mark's UMC "Policy for Use of Church Facilities."

Key to requested facilities needed? Yes No If yes, issue to: _____

Note: If kitchen is requested, its use must be in accordance with the St. Mark's UMC "Policy for Use of Kitchen." Individual trained in kitchen use identified and available? Yes No

Provide name: _____

Furniture/Equipment Required? Yes No (Provide a single value for each item)

Number: Round Tables _____ Rectangular Tables _____ Chairs _____ Podium(s) (0/1/2) _____

Sound/Audio Visual (S/AV) Equipment* Yes No Technician needed? Yes No

*Provide details: _____

Whiteboard Yes No Other equipment requested: _____

Nursery/Child Care Required? Yes No

How many children are expected? _____ What is the age range? _____

How many hours will child care be needed? _____

Start time: _____ End time: _____

Child care is provided at church-related functions at no charge. A fee applies for nonchurch related functions. At least two CPR-certified people who have passed a background check are required.

Are Nursery/Child Care attendant(s) meeting the above criteria assigned? Yes No

Provide names: _____

Declaration: On behalf of the above-named organization/group, I agree to, and will ensure compliance with, the terms of this request, including all policies stipulated herein.

Printed name _____ Signature _____



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Provide a sketch or written +description of the room set up (specifics required).
Front

Large empty rectangular box for sketch or description.

Left

Right

Back

PLEASE NOTE: Groups shall return the room to its original set up unless otherwise instructed by the Maintenance worker(s), Facilities Coordinator, Office Manager, or Pastor. This includes returning any items that have been removed from and/or removing items added to the room. The group leader shall turn off all lights, return heating/cooling to its original setting, and lock all doors.

OFFICE USE ONLY BELOW THIS LINE

Date(s) available? []Yes []No Charge for use? []Yes []No

Amount due: \$ _____ Paid? []Yes []No

Key checked out? []Yes []No Key returned? []Yes []No