



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

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

INSTRUCTIONS: The form may be filled in online or printed and filled out as a hard copy. Type or write in blanks; click on (X) or mark boxes for "Yes" and "No" answers. Submit online forms to the office manager at Lora@umcstmarks.org. Hard-copy forms may be dropped off at the church office. Direct questions to the office manager at Lora@umcstmarks.org.

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? \_\_\_\_\_

Pre-Event Setup Start Time: \_\_\_\_\_ Event Start Time \_\_\_\_\_

Event End Time: \_\_\_\_\_ Post-Event Cleanup End Time: \_\_\_\_\_

Church Facilities Requested: List the church facility(ies) requested in the space provided below.

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

Note: If the kitchen is requested, provide the name of the individual trained in kitchen use who will supervise use of the kitchen: \_\_\_\_\_

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

Number: Round Tables \_\_\_\_\_ Rectangular Tables \_\_\_\_\_ Chairs \_\_\_\_\_ Podiums (up to 2) \_\_\_\_\_

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

\*Provide an explanation if needed: \_\_\_\_\_

Whiteboard Yes No Other equipment requested: \_\_\_\_\_

Nursery/Child Care Desired? Yes No

Contact the Children and Family Ministries Coordinator at julie@umcstmarks.org to determine the availability of nursery/child care. Generally, at least two weeks' notice is required. Have the following information available:

Number of children expected \_\_\_\_\_ Age range \_\_\_\_\_

Hours child care will be needed \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Child care is provided at church-related functions at no charge. A fee applies for nonchurch-related functions.

Declaration: On behalf of the above-named organization/group, I agree to, and will ensure compliance with, the terms of this request and St. Mark's UMC "Policy for Use of Church Facilities."

Printed name \_\_\_\_\_ Signature \_\_\_\_\_



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OTHER INFORMATION

Provide a written description or sketch of the room setup (please be specific).

Lined area for providing a written description or sketch of the room setup.

Notes:

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