



# St. Matthew United Methodist Church

## Facility Use Form

EVENT NAME: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ SET UP TIME: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

NUMBER OF PEOPLE EXPECTED: \_\_\_\_\_

RECURRING EVENT (SPECIFIC DATES): \_\_\_\_\_

**ROOM REQUESTED:** *(you may only use rooms reserved for your meeting or event)*

Wesley Hall  Fellowship Hall  Kitchen  Parlor  Library  Sanctuary

Other: \_\_\_\_\_

**CUSTODIAL SERVICES REQUESTED:** *(Custodial Fee is \$15 per hour for outside groups)*

- Set Up *(attach diagram, include number of table and chairs requested)*
- Clean Up *(\$50 Custodial Fee for outside groups if not arranged in advance)*
- None Requested

# Tables Needed \_\_\_\_\_ # Chairs Needed \_\_\_\_\_

**NURSERY REQUESTED:**  None  Yes Ages of Children: \_\_\_\_\_

*(This request must be made 14 days in advance on this form or Nursery will not be scheduled)*

**CONTACTS:** Contact: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Person with a key who is responsible for **unlocking & locking** the building:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

OTHER: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Received by: \_\_\_\_\_ Approved by: \_\_\_\_\_

Copies:  Admin. Asst.  Custodian  Nursery  Requestor

*updated 01.28.2013*