

Facilities Reservation Form

*This form must be submitted to our Room Manager **fourteen (14) days** prior to the event date*

Today's Date: _____ Date of Reservation: _____

Start Time: _____ End Time: _____ Doors open From: _____ to _____

Organization: _____ Contact Person: _____

Email: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

Use for Facility: Personal Non-Profit For-Profit

Insurance: _____

Intended Use of Facility: _____

Are you working directly with a CUMC Ministry (Children, Youth, CUMNS, etc)?

Ministry: _____

*Do you need this event communicated to our congregation? Yes No

**Room(s) Requested: _____

Number Attending: _____

Furniture and Equipment Needs

If you have a desired room set up please include a detailed drawing

Number of Tables: _____ Number of Chairs: _____ Podium:

Audio System: Projector: Projector Screen: TV/DVD:

Kitchen Needs (if applicable): Refrigerator Oven Stove Other: _____

Clean up by: Self CUMC

Special Notes (setup) and Requests: _____

Date Rec'd: _____ Approved by: _____ Date Approved: _____

Fee Charged: _____ Fee Paid Date: _____ Door Access Code Given: _____

**Communications requests are at the discretion of our Communications Manager and Pastoral Staff
**Subject to change based on needs of CUMC Ministries, not all rooms are equipped with Audio/Visual and Internet access*