

**St. Paul's United Methodist Church  
FACILITY USE REQUEST FORM**

**To prevent any confusion, event is not confirmed until you receive confirmation from the Facilities Manager.**

Today's date: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Event Title: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ thru \_\_\_\_\_ Recurrence: Su M T W Th F Sa  
Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Program Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Preparation Date/Time Start: \_\_\_\_\_ Clean-up Date/End Time: \_\_\_\_\_

Estimated Number Attending \_\_\_\_\_

Childcare Needed  Yes  No **If YES, number of children expected \_\_\_\_\_.**  
**Age range of children from \_\_\_\_\_ to \_\_\_\_\_.**

**Requested Room(s)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Life Center Kitchen       | <input type="checkbox"/> F-1 East Room        | <input type="checkbox"/> A-1           |
| <input type="checkbox"/> Loft North                | <input type="checkbox"/> F-2 Brummet Hall     | <input type="checkbox"/> A-2           |
| <input type="checkbox"/> Loft South                | <input type="checkbox"/> Brummet Hall Kitchen | <input type="checkbox"/> A-3           |
| <input type="checkbox"/> Serendipity North         | <input type="checkbox"/> F-3 Music Room       | <input type="checkbox"/> A-4           |
| <input type="checkbox"/> Serendipity South         | <input type="checkbox"/> F-5                  | <input type="checkbox"/> B-3           |
| <input type="checkbox"/> Shalom North              | <input type="checkbox"/> Brummet Hall Kitchen | <input type="checkbox"/> B-4/5 Nursery |
| <input type="checkbox"/> Shalom South              | <input type="checkbox"/> Memorial Garden      | <input type="checkbox"/> B-6           |
| <input type="checkbox"/> Covenant Room             | <input type="checkbox"/> Sanctuary            | <input type="checkbox"/> C-1 Library   |
| <input type="checkbox"/> Life Center Activity Room | <input type="checkbox"/> A-Frame              | <input type="checkbox"/> C-7           |
|  | <input type="checkbox"/> Annex                |  |

*Room Setup (If you require a special setup, please provide diagram on reverse side of this request which shows how tables, chairs, etc., are to be setup.)*

**Equipment/ Personnel**

- |   |   |
|---|---|
| <input type="checkbox"/> TV/VCR/DVD         | <input type="checkbox"/> Sanctuary Sound System   |
| <input type="checkbox"/> Speaker Stand      | <input type="checkbox"/> Life Center Sound System |
| <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Life Center Barbeque     |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Custodian                |

*For Facility Manager's use only:*

<input type="checkbox"/> Approved & Scheduled	Date _____	Initials _____
cc: _____ (Custodian)	_____ (Requestor)	_____ (Childcare) _____ (Website)

**Room setup diagram: (If special room setup is required)**

**Event is to be published on the St. Paul's website calendar  Yes  No**  
**If you checked yes, please write a short description of the event below:**