

# FUMC - FACILITIES REQUEST FORM

Today's Date : \_\_\_\_\_

Group: \_\_\_\_\_ Contact Person : \_\_\_\_\_

Address: \_\_\_\_\_ Phone # : \_\_\_\_\_

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## Event Information

Date/Dates : \_\_\_\_\_ Day/Days of Week : \_\_\_\_\_

Start Time : \_\_\_\_\_ Ending Time : \_\_\_\_\_

Event : \_\_\_\_\_ No. of People : \_\_\_\_\_

Room Request : \_\_\_\_\_ # of Tables : \_\_\_\_\_ # of Chairs : \_\_\_\_\_

Advance preparation needed : \_\_\_\_\_

\*\*\* Please write or draw a brief description on the back of form, of how you would like the arrangement of table and chairs. If requesting Fellowship Hall a floor plan is available.

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## To Ensure Items Are Available For Use - Please Mark Items Needed

_____ Custodial Service	_____ Piano	_____ T.V. / DVD
_____ Kitchen	_____ Podium	_____ T.V. / VCR
_____ Serving Equipment	_____ Screen	_____ RP 10 Multi-Media Projector
_____ Paper on Tables	_____ Microphone	_____ C.D. Player
_____ Extension Cord	_____ Slide Projector	_____ Tape Recorder

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## FOR OFFICE USE ONLY

Request received : \_\_\_\_\_ Received By: \_\_\_\_\_

Request accepted : Yes / No Room assigned: \_\_\_\_\_

If rejected - Reason : \_\_\_\_\_

How was group/person notified : \_\_\_\_\_ Date notified : \_\_\_\_\_

Copy given to custodians on: \_\_\_\_\_

# FUMC - Fellowship Hall Floor Plan

