



**SUGAR RIVER UNITED METHODIST CHURCH**

**FACILITY USE REQUEST FORM**

**(SUGAR RIVER UMC SPONSORED EVENT)**

*Please return completed form to the church office as far in advance of date requested as possible to confirm your reservation.*

1. \_\_\_\_\_ Date: \_\_\_\_\_

(Group or Individual requesting use)

2. Date(s) Requested: \_\_\_\_\_ If recurring - Start date: \_\_\_\_\_ End date: \_\_\_\_\_

3. Time Requested: Begin: \_\_\_\_\_ End: \_\_\_\_\_

4.  I have access to the building (key).  I will need access to the building.

5. \*Facilities needed (please check all rooms you plan to use):

Sanctuary  Fellowship Hall  Conference Room

Kitchenette \*  Nursery  Lower Level

8.  \*Audio/video support requested: . Please explain type of media support requested \_\_\_\_\_

9.  Special facility configuration/furniture arrangement. *Please diagram requested setup on back of this form.*

\_\_\_\_\_  
Date: \_\_\_\_\_

**Signature of Responsible Party**

***For office use only:***

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CC:**

\_\_\_ (Office)    \_\_\_ (Trustees)    \_\_\_ (Building)    \_\_\_ (Other)    \_\_\_ (Other)