

**Request for use of Facilities at
Cedarville United Methodist Church**

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Person requesting use:

Name: _____
 Address: _____
 Phone: _____

Group requesting use:

Name: _____
 Purpose of Organization: _____

Room Request:

Room(s) Requested: _____
 Date Needed: _____
 Time Needed (including set up and clean up): from _____ to _____
 Time of Event: from _____ to _____

Type/Purpose of activity
 (Please describe in detail)

Estimated Attendance:

Adults: _____ Youth: _____ Children: _____

Food/Beverage Information:

(see section 10, 14, & 16)

Type of food/beverage to be served:

 I understand that we must provide our own condiments, plates, cups, napkins, serving utensils, etc.

Nursery/Toddler area:

(for pre-school age children)
 (see section 15.4)

Use requested: Yes: No:
 If yes, I understand that, in order to use the Nursery/Toddler area, we must have at least 2 mature, responsible people present with the children at all times, and children must remain in the nursery/toddler area or be with their parents.

AV Equipment:

(deposit required)
 (see sections 13 & 15)

(AV technician required)

YOU MUST CONTACT THE AV COORDINATOR IF YOU WILL USE ANY AV EQUIPMENT, or the equipment may not be available.
 2 wired microphones are available in the FLC or Sanctuary.
 Use requested: Yes: No:
 Additional wireless and lapel microphones, Video, CD and Cassette player are available, but require the presence of our AV technician.
 Use requested: Yes: No:
 You must contact the AV Coordinator (Contact info. see section 17)

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**Donation/Fee/Deposit
Information:**

Required Donation or Fee for the use of area(s)/equipment: (from donation schedule, sections 12 & 13): \$ _____ Date/Time Deposit paid: _____ Deposit amount: \$ _____ Type of Deposit: Check # _____ Other: _____
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AV Representative:
(Assigned by AV Coordinator)

Name: _____ Phone #: _____

Event Sexton:
(May be assigned by Event
Sexton Coordinator)

Name: _____ Phone #: _____

I am familiar with and understand the POLICIES AND GUIDELINES For the Use of the Facilities of Cedarville United Methodist Church.

Signature of Responsible Individual

Title

Date/Time