

Bellevue UMC

EVENT / ROOM RESERVATION Request Form

This information is required

Description of Event:** _____
(Depending on group or use, a custodial fee MAY BE charged for use of our facilities.)

Date of Event: _____ **Alternate Date** _____ **Event Start Time** _____ **Event End Time** _____

Date of Set-Up: _____ **Set Up Begins at** _____ **Set Up Ends at** _____

Requested by: _____ **Home Phone** _____ **Cell** _____

Email Address _____

Number attending _____ **Room Requested** _____ **Alternate Room Requested** _____

Is this a fundraiser? () Yes If yes, you must submit a request to Finance for approval. () No

Is childcare needed? () Yes If yes, A Childcare Request Form must be submitted with this Event form. () No

Will you need to use BUMC's sound equipment? () Yes () No (Depending on group, a fee may be charged.) Sound available in CLC only-Additional form required

Who will be running the sound? _____

This is a random-date event (please list dates): _____

This is a recurring event:

Weeks	Days	Months
<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
<input type="checkbox"/> 1st	<input type="checkbox"/> Sun	<input type="checkbox"/> Jan <input type="checkbox"/> Jul
<input type="checkbox"/> 2nd	<input type="checkbox"/> Mon	<input type="checkbox"/> Feb <input type="checkbox"/> Aug
<input type="checkbox"/> 3rd	<input type="checkbox"/> Tue	<input type="checkbox"/> Mar <input type="checkbox"/> Sep
<input type="checkbox"/> 4th	<input type="checkbox"/> Wed	<input type="checkbox"/> Apr <input type="checkbox"/> Oct
<input type="checkbox"/> 5th	<input type="checkbox"/> Thu	<input type="checkbox"/> May <input type="checkbox"/> Nov
<input type="checkbox"/> Last	<input type="checkbox"/> Fri	<input type="checkbox"/> Jun <input type="checkbox"/> Dec
<input type="checkbox"/> Every Other	<input type="checkbox"/> Sat	

Room Set-Up Requirements/Additional Comments
 (please describe or draw the room set-up if you need tables or chairs arranged in a certain way):

of Tables Needed: _____ **# of Chairs Needed:** _____

Equipment Needed: _____
 (TV, DVD, VCR, LCD Projector, Screen, Podium)

Do Not Remove Items From Another Area Without Permission and Always Return Them

For Church meetings only: Please send () Email reminder

Request a table in the Welcome Center. Dates: _____

(see reverse side)

By requesting space at Bellevue FUMC I confirm that I have read the general guidelines for use of the Church facilities and understand my responsibilities in using the Church facilities.

<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied	Date _____	On Master Calendar _____
<input type="checkbox"/> Requestor Notified		Date _____	
Copies to:	Childcare Coordinator _____	Custodial Staff _____	Other _____

(see reverse side)