

FRANKLIN FIRST UNITED METHODIST CHURCH

EVENT ORDER FORM

****NOTE: ALL EVENT ORDER FORMS ARE SUBJECT TO STAFF APPROVAL.
ALL EVENT ORDER FORMS MUST BE SUBMITTED AT LEAST 2 WEEKS PRIOR TO EVENT.****

EVENT COORDINATOR WILL BE NOTIFIED OF CONFIRMATION OR REFUSAL.
DO NOT BEGIN PUBLICITY UNTIL NOTIFICATION.

Description of Event: _____

Date of Event: _____ Event Begins at: _____ Event Ends at: _____

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

No. of Participants: _____ Clean Up Ends at: _____

Room Requested: _____ Alternate Room Requested: _____

Ongoing Event/Meeting? (give days/dates if ongoing): _____

Additional Comments: _____

Contact Person: _____ (Home) Phone: _____

Email Address: _____ (Work) Phone: _____

(Cell) Phone: _____

For meetings only: Yes, I would like Postcard Reminders sent.

Yes, I would like a Phone Tree sent.

CHILD CARE Yes, I would like child care for this event and have filled out a child care request form two weeks prior to event.

CUSTODIAL CARE AND KITCHEN USE Yes, I require custodial care and/or use of the kitchen.

FUNDRAISERS MUST BE PRESENTED TO FINANCE COMMITTEE FOR APPROVAL.

AFTER USING THE ROOM FOR MY EVENT, I WILL RETURN THE TABLES AND CHAIRS TO THE ORIGINAL ROOM LAYOUT. IF I NEED TO BORROW A KEY, I WILL RETURN THE KEY TO THE CHURCH OFFICE THE NEXT BUSINESS DAY AFTER THE EVENT.

Any outside groups requesting an overnight stay at FUMC must provide a Certificate of Insurance.

Contact the church office for more information.

I HAVE RECEIVED OR READ THE GENERAL GUIDELINES FOR USE OF THE CHURCH FACILITIES AND UNDERSTAND MY RESPONSIBILITY IN USING THE CHURCH FACILITIES.

Signature: _____ Date: _____

Staff Approved () Staff Denied () Date: _____ On Master Calendar: _____

Date Contact Person Notified: _____

(Event Set Up on back of page)

As of 6/4/08

EVENT SET UP

Date of Event: _____

Event Begins at: _____

Room: _____

(If custodial help is needed to set up the room, draw your room layout request in the box above.)

**If you are setting up your room for your event/meeting, place tables/chairs back in their original location.
For your assistance, the original room layout is located on the wall by the door.**

Set Up Requirements: _____

of Tables Needed: _____

of Chairs Needed: _____

Equipment Needed: _____
(for example: TV, DVD, VCR, LCD Projector, Portable Screen, Podium, Microphone, etc.)

Bulletin/Newsletter Article Information about Event:
