

**CENTRAL UNITED METHODIST CHURCH**  
301 Hickory Creek Road, Lenoir City, TN 37771 - Phone (865) 986-7329

**RECURRING FACILITY USE REQUEST FORM**

CONTACT PERSON: \_\_\_\_\_  
(This person assumes responsibility for the group.)

CENTRAL UMC MEMBER? \_\_\_ YES \_\_\_ NO

ORGANIZATION: \_\_\_\_\_

NON-PROFIT? \_\_\_\_\_ COMMUNITY SERVICE? \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_

DATES REQUESTED FROM (MONTH/YEAR): \_\_\_\_\_ TO (MONTH/YEAR) \_\_\_\_\_

FREQUENCY: \_\_\_ WEEKLY \_\_\_ MONTHLY \_\_\_ OTHER (SPECIFY: \_\_\_\_\_)

Day of the Week: \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Day of the Week: \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

ROOM(S) ASSIGNED: \_\_\_\_\_

NUMBER IN GROUP: \_\_\_\_\_

Set-up required, if any(attach diagram of table/chair set-up needed):

Equipment needed:

\_\_\_\_ Pulpit/podium microphone \_\_\_\_\_ TV/VCR \_\_\_\_\_ TV/DVD  
\_\_\_\_ Wireless microphone \_\_\_\_\_ Easel \_\_\_\_\_ Dry Erase Board  
\_\_\_\_ Other (specify) \_\_\_\_\_ Kitchen Facilities (explain)

I have read the Central UMC policy governing use of these facilities on the reverse and agree to abide by the rules as set forth herein.

\_\_\_\_\_, Lessee Date: \_\_\_\_\_