

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

ONE-TIME FACILITY USE REQUEST FORM

DATE OF REQUEST: _____ DATE OF EVENT: _____

GROUP NAME: _____ TIME: _____

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

HOME PHONE: _____ OFFICE PHONE: _____ CELL PHONE: _____

IS THIS GROUP NON PROFIT? _____ COMMUNITY SERVICE? _____

CENTRAL UMC MEMBER? ____ YES ____ NO

ACTIVITY: _____ NUMBER IN GROUP: _____

FACILITY REQUESTED:

- WORSHIP CENTER
- KITCHEN
- CLASSROOM
- COURTYARD
- NARTHEX
- PAVILION
- OTHER

SET-UP REQUIRED, IF ANY
There is a charge for set-up - see Facility Use Fee Schedule.

Chairs: How many?

Tables: How many?

(attach diagram of table/chair set-up needed)

Equipment needed:

_____ Pulpit/podium microphone _____ Projector/Screen _____ Easel _____ TV/DVD
_____ Wireless microphone _____ Podium _____ Dry Erase Board _____ Other(specify)
_____ Kitchen Facilities (explain)

We will _____ will not _____ need the services of the TST

NOTE: Any special audio/visual requirements needed such as microphones, TV/VCR, overhead projector will require special permission from the Facility Team and there may be an additional cost for Technical Services Team.

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: _____
TO BE COMPLETED BY CHURCH PERSONNEL	
Request granted by: _____ Date _____	
Fees Due? <input type="checkbox"/> No <input type="checkbox"/> Yes (amount/reason) _____	
Put on church calendar _____ Put on website calendar _____	
Technical Services Team Notified: <input type="checkbox"/> Yes <input type="checkbox"/> Not Needed	
Custodian Notified: <input type="checkbox"/> Yes <input type="checkbox"/> Not Needed	
COMMENTS:	