

NOTE: Please have room setup completed by: _____

BROAD STREET UNITED METHODIST CHURCH

Facility and Room Use Form

Date Originated: _____ Day of Week: _____ Time of Meeting: _____

Date Reserved: _____ Room Reserved: _____

Type of Event/Meeting: _____

Number of People Expected: _____

Name of Group: _____

Contact Person: _____

Phone: (Cell) _____ Billing Address: _____

(Other) _____

Date/Time to Decorate:

Open Time: _____ By: _____ Close Time: _____ By: _____

Round Tables Needed: _____ Chairs Needed: _____

A.V. Needs: Sound System Screen Microphones # _____ Data Projector

A V Attendant: _____

Tables: Library 8ft # _____ 6ft. # _____ Podium

Other Needs: _____

Kitchen needed: yes no Caterer: _____

If kitchen is not checked as being needed, please lock kitchen doors unless otherwise noted.

Signature of Contact Person

Signature of Church Facility & Events Coordinator

Check box if room layout diagram is on back

Billing Information

- Church Event Outside Event
 Conference Member Event

Price Quoted: _____

Invoice Number: _____

Copy To:

- Custodian
 Pastor - Initials/Approval of Pastor _____



ramp

Door leading to
Broad Street

STAGE

2 8ft tables

door to
restrooms

Stairs

Door to
parking lot

Kitchen door

2 8ft tables

Kitchen door