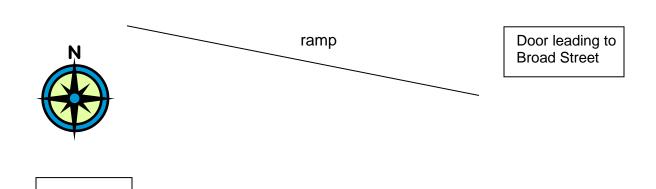
ito i = i i i i i i i i i i i i i i i i i	NOTE: Please have room set	up complet	ed by:	DY:	
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## **BROAD STREET UNITED METHODIST CHURCH**

## **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:			
(Other)			
Date/Time to Decorate:			
Open Time: By	r: Clos	e Time:	By:
Round Tables Needed:	C	hairs Needed:	
A.V. Needs: Sound System	☐ Screen ☐ Micr	ophones #	☐Data Projector
A V Attendant:			
Tables: □Library □8ft #		<u>_</u>	
-			
Kitchen needed:  yes  r	no Caterer: _		
If kitchen is not checked as I	being needed, pleas	se lock kitchen de	oors unless otherwise noted.
Signature of Contact Person		Signature of Chur	ch Facility & Events Coordinate
Check box if room layou	ıt diagram is on back	X.	
Billing Information		Сору То:	
		☐ Custodian	
☐ Conference ☐ Member	er Event		Wala (Assault a CB)
Price Quoted:	_	Pastor - In	itials/Approval of Pastor
Invoice Number:		<b></b>	
Signature of Contact Person  Check box if room layou  Billing Information Church Event Conference Member	being needed, please  ut diagram is on back e Event er Event	Signature of Chur  Copy To:  Custodian  Pastor - In	rch Facility & Events Coordi





2 8ft tables

door to restrooms



Door to parking lot

Kitchen door

2 8ft tables

Kitchen door