

**Fredericksburg United Methodist Church
REQUEST TO SCHEDULE EVENT**

Event: _____

Date Request Submitted: ___/___/___ **Requested By:** _____

Desired Date (s): From: ___/___/___ **To:** ___/___/___ **Day of Week:** _____

Is this event recurring? Yes No **Daily** ___ **Weekly** ___ **Bi-weekly** ___ **Monthly** ___

If recurring, will it be held on holidays? Yes No

Setup Time: From: ___:___ m **Cleanup To:** ___:___ m

Event Start Time From: ___:___ m **Event End To:** ___:___ m

Room (s) Requested: _____

Room Arrangement:

Diagram:

Number Expected: _____

Will Event Need Kitchen Access? Yes No

Nursery? Yes No (Please fill out "Child Care Request" Form)

Sound Technician? Yes No **Lighting?** Yes No

Chairs: # ___ **Tables: #** ___ **TV/VCR/DVD** ___ **Power Point Projector** ___

Podium ___ **Sound System** ___

Contact: _____ **E-mail:** _____

Day Phone: (___) ___ - ___ **ext.** ___ **Night Phone:** (___) ___ - ___

Group: _____ **Leader:** _____

Staff Involved: _____

Key Needed: Yes No **Key #** ___ **Issued to:** _____

If Offsite, list location: _____

Need to reserve Van or Bus? Yes No (Please fill out "Request to Reserve Vehicle" Form)

Publicity: Newsletter? Yes No Email directly to thompsongroup@cox.net or drop of hard copy to Administrative Office in the church.

Yellow Sheets? Yes No Email directly to justasec@fumcva.org or drop of hard copy to Administrative Office in the church.

FOR OFFICE USE ONLY

Rooms assigned: _____

Date approved: ___/___/___ **Entered into scheduler:** ___/___/___ **Confirmation Sent:** ___/___/___

Approved By: _____