

**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 ___ Will event need changing rooms? Yes ___ No ___

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

Sound Technician? Yes ___ No ___ Lighting? Yes ___ No ___

Chairs: # ___ Tables: # ___

TV/VCR/DVD ___ Podium ___ Sound System ___ Power Point Projector ___

(Please fill out "Request to Use Equipment" form for projector & 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 thompsonsgroup@cox.net or drop off hard copy to Administrative Office of the church.

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

FOR OFFICE USE ONLY

Rooms assigned: _____

Confirmation Sent: ___/___/___

Date approved: ___/___/___ Entered into scheduler: ___/___/___

To: _____

Approved By: _____
