

**MADISON  
UNITED  
METHODIST  
CHURCH**

100 Post Oak Road Madison,  
Mississippi 39110  
601-856-6058  
www.MadisonUMC.org

Date Received:  
  
By:

Policy or Form Title:  
**General Facility  
Reservation  
Request**  
Adopted 9-7-2017  
Revised 9-8-2017

Responsibility of: \_\_\_\_\_ (Committee Chair, Ministry Director or Staff)

PLEASE, COMPLETE **SHADED AREA** AND RETURN TO CHURCH OFFICE.

THANKS.

<b>Description of Event/Activity:</b>		<b>Number expected:</b>	<b>Time frame:</b>
<b>Date of Event:</b>			
Event Published Time:		One-time event	Recurring event
<b>Group or organization making the request (Name, address, telephone, email address)</b>			
Church Members/Ministry:			Fee (see schedule) for use:
Local Group:			Amount: \$
Outside Group (Proof of Insurance required):			Deposit paid: \$
Received Proof of Insurance	Fee and Deposit due before confirming reservation		
<b>LOCATION(S) REQUESTED:</b>		<b>SEE GUIDELINES FOR REQUESTED LOCATION(S)</b>	
Admin. Conference Room	Atrium	Classroom number(s):	
Chapel	Fellowship Hall		
Gym - CLC	Kids' Hall Education Bldg.		
Kitchen - CLC	Kitchen - Fellowship Hall		
Multi Purpose - Educ. Bldg.	Nursery Hall		
Sanctuary	Youth Hall Education Bldg.		
Note: If Nursery is requested, fill out Nursery Request Form			
<b>ITEMS:</b>			
Tables: Rectangle or Round			
Chairs			
Other			
<b>Person responsible and contact information for event:</b>		<b>I have read Facility Use Guidelines and will abide by them.</b>	
		Signed:	Date:
<b>OFFICE USE ONLY</b>			
Dates/Times Available: YES NO		Alternate (if any): YES NO	
On Church Calendar: YES		Comments:	
Group contacted with response: YES		Date:	
<b>APPROVED BY:</b>		<b>BOARD OF TRUSTEES</b>	
MINISTRY STAFF		By:	
APPROVED: YES NO		Date:	
Fee for use:	Amount: \$	Paid: \$	Date: