

Office Use-

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Denial/Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Fee Amount: \_\_\_\_\_

DCA: \_\_\_\_\_

## Request for Use of Facilities Form

Description/Purpose of event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Start Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Date: \_\_\_\_\_

End Time: \_\_\_\_\_

Number of participants expected: \_\_\_\_\_ DCA\*: \_\_\_\_\_

\* A trained Designated Church Attendant (DCA) is required for all events (see the CUMC Facilities Use Policy). If you or your group is providing the DCA for your event list them here; otherwise, one will be assigned.

Group/Organization: \_\_\_\_\_

Requestor: \_\_\_\_\_ CUMC Member? Yes No

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

Indicate Facilities Required:

Agape Room

AV room

Ball Field

Craft Room

Gymnasium

Kitchen

Library

Nursery

Preschool/KDO classrooms

Worship Center

Lighted outdoor sign  
(Indicate dates above, message below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(East Side  West Side  Both  )

Indicate Equipment Required:

Media Shout AV Equipment

Sports Equipment - specify:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TV/VCR

Wireless Network Connection

Other - specify:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_