FUMC San Benito Facility/Calendar Request Form

	DATE SUBMITTED:
CONTACT PERSON:	INITIALS OF RECIPIENT OF REQUEST:
PHONE:EMAIL:	
Description of Event: Anticipated Attendance:	
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Dates (s): Time:	
Additional Comments: (ex: decoration time needed)	
Facilities/Areas Reserved: □Kitchen □Sanctuary □Chapel □Fellowship Hall □Parlor □ Church Grounds □Parking Area □Nursery Needed □2nd Floor Class Rm □ 3rd Floor Class Rm	
Equipment Reserved: □Podium □Microphone □TV/VCR □LCD Projector □Piano □Tables # □Chairs #	
Publicity Needed: ☐Website ☐Bulletin ☐Notice to Committee ☐Phone Tree ☐Local Publicity	
Childcare Needed? No Yes Hours: From AM PM to AM PM. # of children approximate ages	
Have you been given the Facility Usage Policy? □No □Yes Date	
 As a user of this property and facility I agree to indemnify and hold harmless First United Methodist Church San Benito from all liability for personal injury or property damage arising our of its activities □No □Yes 	
Signature	Date
とととと for office use only below this line とととと	
STAFF ACTION : Approve Decline Date submitted to Office:	
STAFF INITIALS:	□ Notify contact person of decision and give copy□ Put on calendar □ Arrangement for open/close
☐ Member ☐ Non-Member	
COMMENTS:	Deposit for event given: DateAmount
	It is the responsibility of each group to notify the church office of any changes in these plans.
	Please make notification of cancellations as soon as possible in order that the date be freed for other events.