

Acton United Methodist Church

EVENT/ROOM REQUEST & CALENDAR FORM

Please Fill Out Form Completely and include Phone Number and Signature

Today's Date: _____ Requested By: _____

Event Name: _____

Description of Event: _____

Brief Description of Event for Website: _____

Contact Person: _____ Phone: _____

Email Address: _____

*Person Responsible for Closing: _____ Phone: _____

**I understand that the lights must be turned off, food and/or trash removed and taken to the dumpster, doors locked, coffee pots off, dishes cleaned and put away, etc.*

Date(s) Requested: _____

Time(s): Start _____ AM/PM End _____ AM/PM

Set-up _____ AM/PM Tear-down _____ AM/PM

Room(s)/Building Requested: _____

Room Set-Up
Illustrate Table & Chair Arrangement

Initial _____ I will contact the church in advance if the event is canceled.

Initial _____ I understand that if this is a recurring event, I need to fill out a form, every year with dates, in January.

Transportation Needed:

- Bus #1: 1 driver and 32 passengers (CDL Required)
- Bus #2: 1 driver and 24 passengers (CDL required)
- Bus #3: 1 driver and 14 passengers
- Bus #4: 1 driver and 6 passengers (Handicap Bus)

*If Church Equipment must be moved, it **MUST** be done only with the supervision or direction of a Church Staff Member familiar with the equipment being moved.
Upon completion, please leave the church like you found it before the event.*

Audio/Video Equipment Needed:

- DVD Player
- Overhead Projector
- Portable Sound System
- Power Point/Computer/Media
- Media Person ♦ Initial _____ I understand that if I require a Sound Engineer, they must be notified in advance so that necessary arrangements can be made. Failure to do so on my part may result in not receiving equipment for my event.

****Child Care Requested:** _____ Yes _____ No

Signature: _____

Return Completed Form To:

Bunny Cremeens - AUMC Office Manager
bunny@actonumc.org ♦ 817-326-4242 x10

OFFICE USE ONLY:

Approved Date: _____

Acton United Methodist Church Building Use Agreement

Person responsible for closing will ensure the following are done before leaving the building:

- Put all tables and chairs away
- Pick up all trash and belongings
- Sweep kitchen floor
- Wash and put away all used dishes, utensils, etc.
- Label all food/drinks in refrigerator with your group's name and date
(dispose of anything you have that will expire before your next return)
- Wipe off all counter tops in the kitchen with disinfectant that is provided
- Clean all sinks
- Empty restroom trash and kitchen trash and replace trash bags – Trash taken to Dumpsters
- Return air conditioning to setting of 80 and turn off fans
- Return heat to a setting of 65
- Turn off all lights
- Lock all doors

I understand that if the room/building is not restored to the original state, I am responsible and will pay for the cost of cleaning (\$100). I also agree to be responsible and pay for any damage to the described premises or equipment, which is caused by me or my group.

Person responsible for closing: _____ Date: _____

Organization Name: _____

Requested Date and Time of Use: _____

Phone Number: _____ Email Address: _____

Signature: _____

Hours Magnetic Doors are to be Opened: _____ Locked: _____

Cleanup Deposit: _____

Deposit Returned: _____