

EVENT REQUEST FORM—

St Luke’s UMC, 480 South Highland, Mph 38111; (901) 452-6262

Event: _____

BLDG: (circle one)

Day & Date: _____

Flwshp Hall

Hosp Hall

Time of Event: _____ to _____

Sanctuary

Educ bldg/rm ____

Access time: _____ to _____

Christian Life Center/rm____

Church Ministry yes____ no____

Chapel

Parlor

If RECURRING, how often?

Scout bldg

Main bldg/rm ____

weekly monthly other

Approximate Attendance _____

Diagram of set-up:

Bus needed Yes ____ No ____

Bus driver needed Yes ____ No ____

Set up needed Yes ____ No ____

Coffee needed Yes ____ No ____

Nursery Yes ____ No ____

Kitchen Yes ____ No ____

Audio-visual Yes ____ No ____

Equipment needed:

Person requesting:

Organization Contact:

Name: _____

Name: _____

Ph: _____

Ph: _____

email: _____

email: _____

I agree to use the assigned St Luke’s UMC Facility in accordance with current policies and maintain the order of the space used. I assume full responsibility for any damages and/or losses incurred during use and release St Luke’s UMC from any injuries that may occur during the use of the facility. Failure to abide by policies will result in termination of building use privileges.

Signed:

Date:

Return this document to St Luke’s UMC administration, c/o ctcraig
email: carol.craig@stlukesumc.org