

LAKWOOD UNITED METHODIST CHURCH
APPLICATION FOR FACILITY USE

Organization/Program _____

Purpose _____

Day and Date(s)
Requested _____

Time of Event: From _____ A.M. _____ P.M. To _____ A.M. _____ P.M.

Rooms/Space
Required _____ Approx # Attending: _____

Equipment Needed (Chairs, Tables)

Audio/Visual Equipment Needed:
_____ Data Projector (Fellowship Hall only) For Power Point or to show a video
Operator needed, if so, how long?

Microphones:
_____ # of handheld microphones
_____ # of wireless microphones

Set up
instructions _____
(Draw diagram on back with microphone placement if needed)
Set up time: From _____ A.M. _____ P.M. To _____ A.M. _____ P.M.

Church Event:
Yes: Work Area _____
Chairperson _____
Staff Representative _____

No: Organization _____ Representative _____
Address _____ Telephone _____

Non Church Event:
Applicable Fees:
Facility Fee _____
Custodial Services _____
A/V Technician _____
Total Amount Paid _____ Date Paid _____ Check Number _____
Charge to Budget Area _____

ACCEPTANCE: Responsible Party _____
Signature _____ Date _____

Received copy of Facilities Policy and Facilities and A/V Fee Schedule (Initials) _____