

First United Methodist Church

621 Tacoma Ave S
Tacoma, WA 98402
253-627-0129

BUILDING USE REQUEST FORM

Date of Request _____

Organization/Event Name _____

Are you a 501(c)3 Organization? _____

Contact Person _____

Address _____

Contact Number: _____ Alternate Contact Number: _____

Email Address: _____

DATE(S) NEEDED: _____

PURPOSE OF EVENT: _____

IF STANDING REQUEST: First Date _____ Last Date: _____

(circle) **M T W Th Fr Sa Su** _____ Weekly _____ Biweekly _____ Monthly _____ Quarterly

TIME NEEDED: From: _____ To: _____

Number of persons expected at meeting or event: _____

ROOMS NEEDED:

____ Sanctuary ____ Parlor ____ Fellowship Hall ____ Room #207 ____ Room #119 ____ Room #202
Cap. 200 Cap. 36 Cap. 89 Cap. 20 Cap. 40 Cap. 20

SPECIAL NEEDS: