



MINISTRY RELATED EVENTS
First United Methodist Church | 72 Lake Morton Drive | Lakeland, FL 33801

Name of Event: _____

EVENT Date: _____ Event Day of the Week: _____ Start Time: _____ End Time: _____

SET UP Date: _____ Set up Day of the Week: _____ Set up Time: _____

Please write N/A if not applicable

This request form replaces a previously submitted form:(please circle one) Yes No

Is this a Recurring Event? (please circle one) YES NO daily weekly monthly

If recurring, estimated date of last event: _____

If known, list any exceptions to event dates: _____

Room Reserved: _____ Estimated Number to Attend: _____

Sponsoring Department / Ministry Area: _____

Staff Contact Person: _____ Phone or Ext #: _____

Please answer ALL questions: (circle one)

- | | | |
|---|-----|----|
| 1. Will you use the room's regular set up? | YES | NO |
| 2. Will you need custodial support to clean up? | YES | NO |
| 3. Will you need food preparation service? | YES | NO |
| If yes, have you contacted our Food Manager? | YES | NO |

Mike Stasiak, (863-221-1809)

Kitchen | Mark ALL Applicable (Charges may be incurred)

<input type="checkbox"/> Paper / Plastic Plates <input type="checkbox"/> Plastic forks / knives / spoons <input type="checkbox"/> Paper / Styrofoam Cups <input type="checkbox"/> Napkins <input type="checkbox"/> Placemats	<input type="checkbox"/> China setting <input type="checkbox"/> Silverware <input type="checkbox"/> Tablecloths <input type="checkbox"/> Cream / Sugar <input type="checkbox"/> Salt / Pepper	<input type="checkbox"/> Coffee <input type="checkbox"/> Iced Tea <input type="checkbox"/> Water <input type="checkbox"/> Other Beverage:
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Audio, Video & Visual Aids | Mark ALL Applicable (Personnel Charges may be incurred)

It is important that requesting person contact Shawn Joyner(863-602-7061)

Audio, Video & Visual Aids

<input type="checkbox"/> Sound System <input type="checkbox"/> Mics # _____ Need Sound Tech for: <input type="checkbox"/> Rehearsal (Date/Time) <input type="checkbox"/> Event	<input type="checkbox"/> TV <input type="checkbox"/> DVD <input type="checkbox"/> VCR <input type="checkbox"/> Video Projector <input type="checkbox"/> Computer <input type="checkbox"/> Easel	<input type="checkbox"/> Flip Chart <input type="checkbox"/> PowerPoint / ProPresenter <input type="checkbox"/> Video Screen <input type="checkbox"/> Other: <input type="checkbox"/> Signs – Exterior If checked, you are responsible to print out and attach Template at N:/SIGNS-Exterior
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COMPLETE THIS SIDE IN FULL ***

Please make sure you read all:

1. Custodial costs are based upon the number in attendance and time provided.
2. Facilities set up sheet must be received at least 10 days prior to event.

Please outline room arrangement only if it is other than room's standard set up:

There is no fee for room usage for members or First UMC ministry related groups, but there may be personnel and food costs incurred. Bill will be issued within 30 days of event. For more information about costs, please contact the Church Finance office. (Karrienne Heide or Harriet Mayes).

CHARGED TO BUDGET ACCT (S) # _____

Signature of Requesting Person: _____ Date: _____

If invoiced, please list name and address of where invoice is to be sent:

Address City State Zip

Email Address: Best Phone Number