

**MORROW MEMORIAL UNITED METHODIST CHURCH
FACILITY REQUEST FORM**

EVENT INFORMATION

Begin Date: _____ End Date: _____ Day(s) of Week: _____

Set-up Time: _____ Start Time: _____ End Time (including clean-up): _____

Type of Event: _____

Room Requested*: _____ No. of Attendees Expected: _____

**All users are responsible for full set-up and clean-up of all areas used,
unless they make other arrangements with Custodian or request presence at the event (fee required).**

Individuals responsible for clean-up:

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

**A SEPARATE FACILITY REQUEST FORM MUST BE SUBMITTED FOR EACH ROOM NEEDED.*

INSURANCE INFORMATION

Insurance Contact: _____ Phone Number: _____

Insurance Carrier: _____ Policy/Rider No.: _____

CERTIFICATE OF INSURANCE MUST BE ATTACHED (UNLESS INSURANCE WAIVED BY MMUMC).

CONTACT INFORMATION

Organization Name: _____

Responsible Contact Person (please print): _____

Contact Cell Phone No.: _____ Contact Email: _____

Contact Address: _____

Signature of Contact Person: _____

Alternate Contact Person (please print): _____

Alternate Home Phone: _____ Alternate Cell Phone: _____

SET-UP INFORMATION

Confirm all items below with the church office at (973) 763-7676, ext. 11, one week prior to the event.

Equipment needed:

- Stage Kitchen Lectern Projection Screen
- TV/DVD Player Microphone Whiteboard Overhead Projector
- Other (please specify): _____

Number of tables and chairs needed:

6' Rectangular Tables: _____ 8' Rectangular Tables: _____

Round Tables (seat 8): _____ Chairs: _____

Draw a diagram of your desired set-up below. (Note: Set-up must be approved by Custodian).

Submit completed form with a signed copy of the Church Facility Use Policy to the church office via **fax at (973) 763-6798** or **email at opendoors@morrowchurch.org**. For questions, contact the church office at (973) 763-7676, ext. 11.

OFFICE USE ONLY

Fee Paid: _____ Date: _____ Cash or Check: _____ Check No.: _____

Taken by: _____ Date: _____ Confirmed (Initial & Date): _____

Set-up information confirmed by (Name & Date): _____