

**Hope United Methodist Church  
Request to Schedule Event**

Event: \_\_\_\_\_

Date Request Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Requested By: \_\_\_\_\_

☐ Single Occurrence? ☐ Multiple Occurrences? Frequency: \_\_\_\_\_

Desired Date(s): From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Day of Week: \_\_\_\_\_

Alternate Date(s): From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reserve/Setup Time: From: \_\_\_\_:\_\_\_\_ \_\_m

Cleanup To: \_\_\_\_:\_\_\_\_ \_\_m

Event Start Time: From: \_\_\_\_:\_\_\_\_ \_\_m

Event End To: \_\_\_\_:\_\_\_\_ \_\_m

Room(s) Requested: \_\_\_\_\_

2nd Choice Rooms: \_\_\_\_\_

Room Arrangement: \_\_\_\_\_

Arrangement Style: \_\_\_\_\_

Comment: \_\_\_\_\_

Number Expected: \_\_\_\_\_

Will Event Need Kitchen Access ? Yes No

Nursery ? Yes No

Sound Technician ? Yes No

Lighting ? Yes No

Chairs: # \_\_\_\_\_ Type: \_\_\_\_\_ Tables: # \_\_\_\_\_ Type: \_\_\_\_\_

Equipment: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ext. \_\_\_\_ Night Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Group: \_\_\_\_\_ Leader: \_\_\_\_\_

Staff Involved: \_\_\_\_\_

Key Needed: Yes No Key # \_\_\_\_\_ Issued To: \_\_\_\_\_

Publicity: Bulletin? Yes No Event information for bulletin: \_\_\_\_\_

Monthly Calendar? Yes No Brief Title for Calendar: \_\_\_\_\_

Off Campus Location: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Transportation: \_\_\_\_\_

Fee: \$ \_\_\_\_\_ Invoiced: \_\_\_\_/\_\_\_\_/\_\_\_\_ Payment Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rooms Assigned: \_\_\_\_\_

Date Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approved By: \_\_\_\_\_