

FIRST UNITED METHODIST CHURCH OF RED OAK  
**CALENDAR/FACILITY REQUEST FORM**

www.FUMCRO.org

TODAY'S DATE \_\_\_\_\_

PERSON COMPLETING FORM \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

CHURCH MEMBER (circle one)      YES      NO

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

CONTACT # \_\_\_\_\_ ALT # \_\_\_\_\_

# OF ATTENDANTS \_\_\_\_\_ FEES PAID \_\_\_\_\_

GROUP \_\_\_\_\_

ACTIVITY \_\_\_\_\_

DATES (please include here or highlight calendar on reverse side)

FREQUENCY OF EVENT (circle one)      SINGLE EVENT      RECURRING

EVENT TIME \_\_\_\_\_ AM/PM TO \_\_\_\_\_ AM/PM  
(Start and Finish Time of your event)

FACILITY TIME \_\_\_\_\_ AM/PM TO \_\_\_\_\_ AM/PM  
(Total time needed, including set up and clean up)

NOTES \_\_\_\_\_

**RECURRING & REGULARLY SCHEDULED EVENTS:**

WEEKLY	BIWEEKLY	MONTHLY
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WEEK OF THE MONTH \_\_\_\_\_

DAY OF THE WEEK \_\_\_\_\_

BEGINNING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

**ROOM PREFERENCE: PLEASE LIST ALTERNATE CHOICE(S), IF POSSIBLE. RANK IN ORDER OF PREFERENCE.**

- \_\_\_\_\_ SANCTUARY
- \_\_\_\_\_ FELLOWSHIP HALL
- \_\_\_\_\_ KITCHEN FOR MEAL (ROOM 100)
- \_\_\_\_\_ KITCHEN FOR SNACK (ROOM 100)
- \_\_\_\_\_ KITCHEN FOR BEVERAGES (ROOM 100)
- \_\_\_\_\_ SUNSHINE CLASS (1<sup>ST</sup> CLASS ROOM)
- \_\_\_\_\_ CLASSROOM (2<sup>ND</sup> CLASS ROOM)
- \_\_\_\_\_ LIBRARY/CONFERENCE (3<sup>RD</sup> ROOM)
- \_\_\_\_\_ CHOIR ROOM (4<sup>TH</sup> ROOM)

- \_\_\_\_\_ ROOM 102 (YOUTH ROOM –DVD & TV)
- \_\_\_\_\_ ROOM 104 (CENTER'S ROOM)
- \_\_\_\_\_ ROOM 105 (2 ½ ROUND TABLES)
- \_\_\_\_\_ ROOM 106 (2 TABLES/REGULAR-SIZED CHAIRS)
- \_\_\_\_\_ ROOM 107 (CHILDREN'S TABLES AND CHAIRS)
- \_\_\_\_\_ ROOM 108 (ARK NURSERY & VIDEO)
- \_\_\_\_\_ ROOM 109 (TODDLER ROOM)
- \_\_\_\_\_ ROOM 110 (BABY NURSERY)

**ROOM(S) SHOULD BE EQUIPPED WITH:**

- \_\_\_\_\_ CHAIRS      \_\_\_\_\_ WHITE BOARD
- \_\_\_\_\_ TABLES      \_\_\_\_\_ EASEL

OTHER \_\_\_\_\_

OTHER \_\_\_\_\_

**AUDIO/VIDEO/PRESENTATION:**

\_\_\_\_\_ AUDIO (MICROPHONE)      \_\_\_\_\_ PRESENTATION (SLIDES)

CONTACT: \_\_\_\_\_

\_\_\_\_\_ VIDEO (CD/DVD/INTERNET)

PHONE/EMAIL: \_\_\_\_\_

**CHILDCARE:**

\_\_\_\_\_ ASSISTANCE NEEDED LOCATING CHILDCARE\*

# OF CHILDREN \_\_\_\_\_ AGES TO \_\_\_\_\_

\*CHILDCARE RATE IS \$30/HOUR FOR 2 ATTENDANTS.  
(Rate may vary based on the amount/age of children)

**BUILDING ACCESS:**

\_\_\_\_\_ PERSON IN OUR GROUP HAS A KEY.

NAME \_\_\_\_\_

\_\_\_\_\_ WE WILL NEED ACCESS TO THE BUILDING.

OPEN AT \_\_\_\_\_ AM/PM AND CLOSE AT \_\_\_\_\_ AM/PM.

Signature

Date