

Platt Springs United Methodist Church Facility Use Request Form

Date you are submitting form: _____

Your Name: _____ Best Phone Number: _____

Date of Event: _____ Email Contact: _____

Time of Event: from _____ to _____

Is the reservation for: (circle one)

PS/UMC Ministry

Personal Use

Group Event

If group, name of Group making request: _____

Is your group non-profit? _____

Your group's mission statement:

Are any Platt Springs Methodist church members active in your group? _____

Name & Contact Information for Platt Springs UMC member who will serve as host of this event: _____

Purpose of Meeting/Brief Description of Event: _____

Room preference: _____

of Tables needed: _____

of Chairs needed: _____

Note: you will need to handle set up and take down – when will you need to set up table and chairs? _____

Equipment needed: (microphone, projection system, etc.)

Number of people attending: _____ Kitchen use? Yes No

Name of person who will pick up key and open building? _____