

Date request made _____

AFUMC Facility Reservation Request "Non Profit" Groups

Contact Person _____ Phone # _____

Email address _____

Name of Organization/Business (DBA) _____

Mission of
Organization _____

Insurance Company and Insurance Policy #

Event

Purpose of Event

Date of Event

Ongoing Event: Start Date _____ End Date _____

Location of Event

Event times: **Setup** Time _____ **Tear Down** Time _____

Event Start Time _____ **Event End** Time _____

Approved by (staff member) _____ Approval Date _____

Request will not be processed without the above information.

Financial information may be required if your organization requests financial relief, or if a fee payment equal to a percentage of the profits, is required to offset additional costs to the church.

If set-up is needed, a Maintenance Work Order Request form MUST be completed and turned into the Maintenance Department a minimum of two weeks prior to the event.