

Date: \_\_\_\_\_

**PORTAGE CHAPEL HILL UNITED METHODIST CHURCH  
REQUEST FOR USE OF CHURCH OR CHURCH PROPERTIES  
BY INSIDE GROUPS**

Complete information on this side of the form is essential if we are to plan building use effectively and in accordance with church policy, while ensuring that custodial and maintenance requirements can be met.

***We request at least a two (2) week notice of your "Request for use of Church. . . ."***

GROUP/PERSON REQUESTING USE: \_\_\_\_\_

BRIEFLY DESCRIBE AND NAME THE EVENT: \_\_\_\_\_

DATE(S) NEEDED: FROM \_\_\_\_\_ TO \_\_\_\_\_ EVENT TIME: \_\_\_\_\_ TO \_\_\_\_\_

DAY(S) OF WEEK: \_\_\_\_\_ NUMBER ATTENDING: \_\_\_\_\_

SPECIFIC ROOM(S) OR AREA(S) REQUESTED:(including break –out rooms, kitchen for any reason, gathering areas e.g. narthex and lower foyer, nursery, etc.) \_\_\_\_\_

\_\_\_\_\_

Kitchen and/or nursery use and care shall conform to posted instructions in each area.

EQUIPMENT NEEDED (please circle): none    VCR    DVD player    over head projector    screen  
video projector    sound system    white board    tables    chairs    CD player    paper easel  
lectern    sweeper    *(some of these items may not be available in space or time requested).*

SET-UP REQUIRED (please circle): none    yes    (below please draw diagram to specify room set-up)

Please state the latest possible set-up or occupancy time \_\_\_\_\_ a.m. p.m.

Please state the earliest possible clean-up/exit time \_\_\_\_\_ a.m. p.m.

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Person

**STAFF RESPONSE**

REQUEST GRANTED: \_\_\_\_\_ DATE: \_\_\_\_\_

DENIED ON THE FOLLOWING GROUNDS: \_\_\_\_\_

DECISION CONVEYED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE CONTACT RESPONSIBLE PARTY: \_\_\_\_\_

NOTES ON DECISION OR COMMUNICATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If key was given, key number and date given out \_\_\_\_\_.

Key returned \_\_\_\_\_.