



FUMC

BUILDING USE RESERVATION PROCEDURES

CONTACT

PHONE:
660-747-8158

WEBSITE:
WWW.UMCBURG.ORG

EMAIL:
office@umcburg.org

Welcome and thank you for your interest in using our facilities for your group or event!

The following steps must be followed in order to ensure that your booking is properly approved, reserved, and that staffing and physical set-up is completed. Not following these steps may prevent us from approving your application!

Please follow these steps:

- Complete a Ministry Planning Sheet and a Facility Use Agreement.
- Submit these forms **IN PERSON** to the Office Manager. You will be advised if a deposit is required and be given a copy of your use request form while you are there.
- Your application will be referred to the Trustees for approval.
- If your use is approved, pay your deposit (if required) to the Financial Secretary.
- Your event then be formally booked and scheduled!

Please understand that the church has a responsibility to ensure that events held on these premises are in keeping with church doctrine and policies and that all applications are reviewed to ensure that the activity reflects positively on the church. FUMC is not obligated to approve your activity/event and may cancel your booking if this procedure is not followed.

Please do not publicize that an event has been scheduled at FUMC until you have been notified that your event is approved and scheduled!

If you have any questions, please contact the Church Office Manager at 660-747-8158.

Ministry Planning Worksheet

First United Methodist Church, 141 East Gay Street,
Warrensburg, MO 64093
(660) 747-8158 office@umcburg.org

THIS BOX FOR CHURCH USE ONLY!

APPROVED BY: _____

NOTICE TO USER: ____/____/____

COPY TO CUSTODIAN: ____/____/____

POSTED TO CALENDAR: ____/____/____

THIS FORM MUST BE COMPLETED AND APPROVED AT LEAST TWO WEEKS BEFORE EVENT!

Event/User: _____

(Print name of the event, group, class, etc.)

Date of Event: ____/____/____

Is this a new event? YES NO

Day of Week: Mon. Tues. Wed. Thu. Fri. Sat. Sun.

Changing an event now on schedule? YES NO

Recurring Event? ___ NO ___ YES

If YES, how often? ___ Quarterly ___ Monthly ___ Weekly ___ Daily

Begin/End Date (if recurring): _____ / _____

Time of Event: _____ am / pm to _____ am / pm

Time Facility is Needed: FROM: _____ am / pm TO: _____ am / pm

Group Size: _____ (Estimated)

Facilities (rooms) preferred: ___ FLC (cap. 200) ___ Aldersgate (cap. 25) ___ Small Room (up to 20)

___ Other, specify: _____

Responsible Person

Alternate Responsible Person

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-Mail: _____

E-Mail: _____

EQUIPMENT AND SET-UP NEEDS:

(check all that apply):

___ Tables How many? _____

___ Chairs How many? _____

___ Sound System Tech needed? ___ YES ___ NO

SPECIAL NEEDS/REQUESTS: (Use back if necessary)

FOOD SERVICE/CHILDCARE NEEDS

Childcare needed for _____ children.

(enter 0 if not needed)

Refreshments/Food needed? ___ YES ___ NO

FOOD/REFRESHMENT NEEDS:

(Use back if necessary)

PUBLICITY REQUESTED

___ Church Newsletter ___ Bulletin

___ Public Press Release ___ Slide in Church

___ Slide on Atrium Marquee

NOTE: You must supply your own article, announcement, photos, and details at least two weeks before your event by email to publisher@umcburg.org

SUBMISSION INFORMATION (Complete at time you bring this form to the office.)

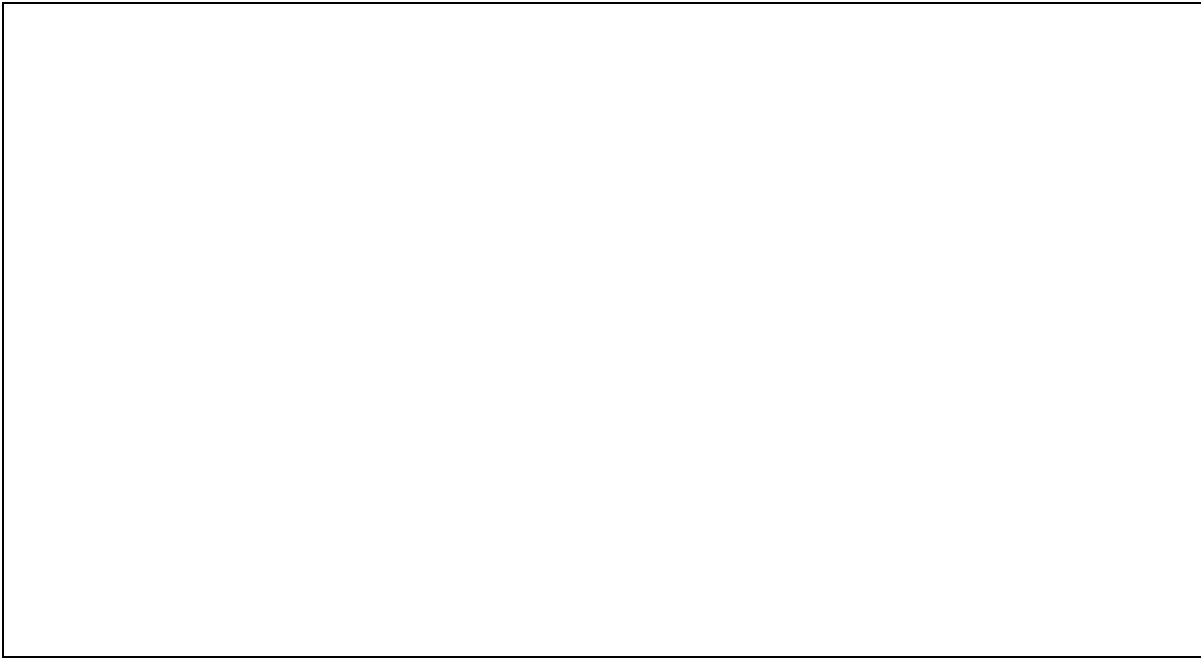
Your Signature _____

Office Signature _____

Office Printed Name _____

Date Received ____/____/____

DIAGRAM OF YOUR REQUESTED SET-UP FOR TABLES/CHAIRS



SPECIAL NEEDS, REQUESTS, FOOD, CHILDCARE NOTES...

