



Crossroads United Methodist Church
 1420 North Main Street P.O. Box 299 Washington, IL 61571
 Phone: (309)444-2381 Fax: (309)444-9818
 www.crossroads4all.org

Office Use	
Date:	_____
Rooms:	_____
Approval:	_____

Office Hours
 Monday - Thursday 8:30 AM - 4:00 PM
 Friday 8:30 AM - 1:00 PM

BUILDING/ROOM REQUEST

Today's Date _____ Date of Event _____

Event Description _____

Contact Person _____ Phone (h) _____

E-mail _____ (w) _____

Time of Event: _____ AM / PM to _____ AM / PM

Access Needed from: _____ AM / PM to _____ AM / PM

Is this a recurring event? Yes No Number of people expected _____

Note: *Recurring events remain on the calendar for one calendar year.*

If yes, how often does this event occur? _____ End Date _____

Note: There will be no meetings/events held December 26th-January 1 or during the daytime during the second week in July due to VBS.

Room(s) Requested _____

Resources needed:

- | | | | |
|-----------------|--------------------|--------------|---------------------|
| TV/DVD | VCR | Video Camera | Sound System |
| Video Projector | Overhead Projector | Mic Stand | Portable P/A System |
| Screen | Hand Held Mic | Lapel Mic | Other _____ |

Is child care needed? Yes No

If yes, it is your responsibility to contact the Nursery Director/Stephanie Wendte at stephw@mtco.com
Note: *Child care is provided at no cost on Thursday and Sunday nights only. If child care is needed on any other night, the cost is \$8.50 per hour for each child care provider.*

If yes, please list the number of children and their ages. _____

Other special needs or specific set-up instructions: it is your responsibility to contact Craig Hibbard chibbard@mtco.com. (draw a floor plan if necessary on the back)

_____ I have received and read the Church Building Use Policy.

_____ I have received and read the Crossroads UMC Child Protection Policy (if applicable).

Signed _____