



BROAD STREET UNITED METHODIST CHURCH ROOM REQUEST FORM

- ❖ Complete sections 1 – 7 and submit to church office at least 20 business days prior to the event.
- ❖ If approved, rooms will be assigned on the basis of need and availability.
- ❖ Fax form to (423) 476-5586, email to broadumc@bellsouth.net or mail to Broad Street United Methodist Church, P O Box 3, Cleveland, TN 37364-0003.

1. Today's Date



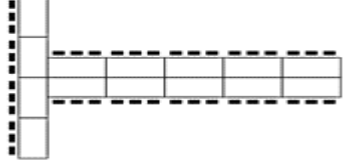
2. EVENT INFORMATION (Please print)		Form revised 5/1/09
Contact Name	Title	
Day Telephone	Evening Telephone	
Email Address	FAX	
Ministry/Organization sponsoring the event		
Name of the event		
Number of expected attendees		
Will food be served?	If Yes, which caterer will be used?	

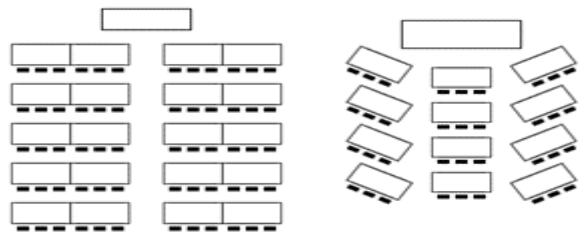
3. SCHEDULING Your event will not be added to the church calendar until final approval is received.			
Date of requested event	Day of event	Start Time	End Time

4. FACILITY REQUEST (Rooms will be assigned according to the need and availability.)

- | | | | | |
|--|-------------------------------------|------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Triplett Hall | <input type="checkbox"/> Parlor | <input type="checkbox"/> Gym | <input type="checkbox"/> Conference Room | <input type="checkbox"/> Library |
| <input type="checkbox"/> Garden | <input type="checkbox"/> Classrooms | <input type="checkbox"/> Sanctuary | <input type="checkbox"/> Chapel | <input type="checkbox"/> Other |

5. FACILITY SETUP (Diagram of room setup, check one only)

<input type="checkbox"/> Conference Style 	<input type="checkbox"/> U-Shape Style 	<input type="checkbox"/> T-Shape Style 
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<input type="checkbox"/> Classroom Style	<input type="checkbox"/> Other (please diagram)
	

6. EQUIPMENT/PRESENTATION MATERIALS (Check all that apply)

<input type="checkbox"/> TV Monitor	<input type="checkbox"/> Portable Projector	<input type="checkbox"/> CD Player	<input type="checkbox"/> Extension Cord
<input type="checkbox"/> VCR	<input type="checkbox"/> Overhead Projector	<input type="checkbox"/> Sound System	<input type="checkbox"/> DVD Player
<input type="checkbox"/> Projection Screen	<input type="checkbox"/> Microphone	<input type="checkbox"/> Flip Chart	<input type="checkbox"/> Dry Erase Board
<input type="checkbox"/> Markers	<input type="checkbox"/> Other:		

7. ADDITIONAL INFORMATION

Fill in the following area with any additional information you would like to share.

For Office Use Only:

Date Form Received By Office
Scheduling Approval Date
Date Requester Notified
Fee: \$ _____
<input type="checkbox"/> Copies to Custodial Staff