

**First United Methodist Church of Winter Garden
Event/Group Reservation Form**

125 N. Lakeview Ave.
Winter Garden, Fl. 34787

email Debbie Prescott
(dprescott@fumcwg.org)

Today's Date _____ Date of Event _____ (weekly/monthly-see below)

Name of Group/Event: _____

Organization: _____ Room(s) requested _____

Contact Person : _____ Phone _____

Email address _____

Person on site for event: _____ Phone: _____

Start Time _____ am/pm End Time _____ am/pm

Set up Begins _____ am/pm Clean Up Ends _____ am/pm

This event is a: One-time / On-Going _____ (ie monthly 1st Tuesday)

Expected Attendance _____

Describe the program: _____

By signing below I agree that our group will comply to the CDC, State of Florida, Orange County, and UMC Covid policies, specifically related to wearing masks, social distancing, and attendance records for contact tracing. Should I become aware of a COVID positive case linked to our event(s) on site, I will contact the church to determine the necessary actions.

Name _____ Date _____

Your Event will **not be added to the calendar** until this form is approved and returned via email or regular mail. Please allow a minimum of one week for approval.

For Office Use Only (revised 02/12/21)

Received by: _____ Date received: _____

Approved by: _____ Date Approved: _____