

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

125 N. Lakeview Ave. Winter Garden, Fl. 34787 phone (407)656-1135/Fax(407-656-5690)

Today's Date \_\_\_\_\_

Event: \_\_\_\_\_ Date of Event \_\_\_\_\_

Organization: \_\_\_\_\_ Rooms requested \_\_\_\_\_

Contact Person : \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address: \_\_\_\_\_

Event Time \_\_\_\_\_ am/pm Event Ends \_\_\_\_\_ am/pm

Set up Begins \_\_\_\_\_ am/pm Clean Up Ends \_\_\_\_\_ am/pm

This is a One-time / On-Going Event Expected Attendance \_\_\_\_\_

Describe the program: \_\_\_\_\_

Describe your organization \_\_\_\_\_

\_\_\_\_\_ Building Usage Form Required \_\_\_\_\_ need room set up

\_\_\_\_\_ Transportation Requested – See Transportation Form (# of \_\_\_\_\_ chairs \_\_\_\_\_ tables)

\_\_\_\_\_ Food/Kitchen Requested – see Food/Kitchen Form

\_\_\_\_\_ Child Care requested – See Nursery Form

\_\_\_\_\_ Wedding – Fill out Wedding Packet

\_\_\_\_\_ Funeral – Fill out Funeral Packet

Your Event will **not be calendared** until the forms are returned.

*For Office Use Only (revised 1/12)*

Forms Received: \_\_\_\_\_ Date \_\_\_\_\_

Placed on Calendar \_\_\_\_\_ Who will lock up \_\_\_\_\_

Who will unlock \_\_\_\_\_ Who will set up \_\_\_\_\_