

Trinity United Methodist Church Facility Use Request Form

1. **DATE OF EVENT** _____ **TIME OF EVENT** _____ **TO** _____
What time do you need access to the building _____

2. **CONTACT PERSON** _____ **Phone #** _____

3. **TYPE OF EVENT** _____
Area of building to be used _____

4. Approximate **Number** of People **Attending** _____
Non-Member—Please, provide a Certificate of Insurance which names
Trinity United Methodist Church of Evansville, INC. as an additional insured party.

5. **WILL FOOD BE SERVED?** (circle one) YES NO

6. **WILL YOU USE OUR KITCHEN?** (circle one) YES NO
If yes, **WILL YOU USE OUR KITCHENWARE?** (circle one) YES NO

7. **CATERED** by Outside Source: (circle one) YES NO
NAME OF CATERER _____

8. **TABLES NEEDED**
of round tables _____ # of chairs at each round table 6 7 8
of rectangular serving tables _____
a. **TABLE LINENS TO BE USED** (circle one) YES NO
(There will be an additional cost to you of \$12/tablecloth to have the table linens laundered at our vendors.)
b. **TABLECLOTH COLOR** WHITE BLACK BURGUNDY GOLD
 18-90" 8-90" 20-70" 8-90"
 10-LONG 4 LONG 8-70"
c. **TABLE SKIRTS** (circle one) YES NO IF YES (circle one) WHITE BLACK

9. **AUDIO EQUIPMENT NEEDED** YES NO IF YES LIST _____

10. **LECTERN:** (circle one) YES NO

11. **COMMENTS:**

(OVER)

Please draw a diagram of your floor plan (if needed) on the bottom of this form if you need a special set-up for the tables and/or chairs. If you have questions contact Kelly Walls at the Church Office —812-423-4495

DO NOT WRITE BELOW THIS LINE—FOR TRUSTEE AND OFFICE USE ONLY



EVENT APPROVED YES NO

FEE \$ _____ OR FEES WAIVED YES NO

DATE _____ APPROVED BY _____

CLEAN UP REQUIRED (CIRCLE ONE) YES NO

ABSOLUTELY NO ALCOHOLIC BEVERAGES OR SMOKING ON PREMISES



Diagram of Room Setup (below if needed)