*This form must be completed in full & returned to the church office. *Missing data may delay approval.*

EVENT REQUEST FORM for Outside Groups

First United Methodist Church Marianna

2901 Caledonia Street, Marianna, FL 32446 | 850-482-4502

nichole.mariannafirst@gmail.com - *updated 5/24*

*Event Start Date: _____   ***End Date**: _____ *Recurring? Yes   No   ***Begin Time**: _____   ***End Time**: _____

*Recurrence Info (days of week, frequency, etc.): _____

*Event Name: _____

*Leader: _____ *Contact #: _____ *E-mail:_____

*Leader: _____ *Contact #: _____ *E-mail:_____

*Event Set up Date:_____   *Set up Time: _____

*Responsible party for *set up* _____ *Contact #: _____

*Responsible party for *clean-up* _____ *Contact #: _____

*Are you interested in paying a person to oversee clean-up & ensure the reset up of the room as was before the event?   YES   NO

*Do you agree to take a photo of the room before event & text to 850-573-3104?   YES   NO (to show how room will need to be reset)

*Do you agree to take a photo of the room after event for reset confirmation & text to 850-573-3104? YES   NO

*Do you agree to meet for a walk-thru prior to event: Yes No | date & time of walk-thru:_____   _____

*Building Requested: Sanctuary | Education | Wesley Center | Youth | Harrison | Off-Site ***Specific Room Requested**: _____

*Est. # Participants: _____   *Key Needed: Yes No

*Food to be Served: Yes No | *Food Provided By: _____ if catered, contact #_____

*Is kitchen needed: Yes   No

*Supplies needed: ice | tableware: disposable reusable (needs to be washed) | plates   cups   forks   spoons   knives   napkins

*Tables: round #_____   8' rectangle #_____   **Chairs: #_____** | Are white paper tablecloths needed for tables? Yes   No

*Special setup, A/V equipment requests: Yes No | If yes, circle all that apply: MIC   MUSIC   TV   VIDEO   POWER POINT

Requests should be submitted a minimum of 3 weeks before the event with all details needed to provide the best experience.

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FOR OFFICE USE ONLY

_____

Approved: Yes No | Approved by:_____ Approved Location: _____

Date Submitted: _____

Schedule pre-walk thru: _____

Contact paid person for clean-up/reset-up at end of event: _____

Door Code issued: _____ date:_____ Key issued: Yes No | Date checked out:_____ by: _____ | Key returned: Yes No

Date entered on Google Calendar: _____

A/V Equipment Needed: _____ | Date Given to A/V Technician: _____