

Facilities Reservation Form
First United Methodist Church – Elgin, Texas

Today's Date: _____
(Date reservation received in church office)

Staff initials: _____

Name of person making reservation: _____

Phone: _____ Other Phone: _____

Alternate contact person: _____

Phone: _____ Other Phone: _____

Which area(s) needed: Fellowship Hall _____ Kitchen _____ Sanctuary _____

Rainbow House _____ Yellow House _____ Other (specify) _____

Date/Day Needed: _____ Time begins: _____ Time ends: _____

Recurring event: Yes ___ NO ___ If so, how often/how long _____

Is set-up or clean-up to occur at a different time, if so, when: _____

Key Needed? No ___ Yes ___

Pick-up key (date/time/place) _____

Return key (date/time/place) _____

Type of function: _____ Approx. # attending: _____

Deposit requested: \$ _____ (to be refunded if everything is left in good shape)
(Deposit required for non-FUMC functions)

Misc. Info. [special needs, speaker, etc.] _____

Is there a charge or will items be sold? _____ Do proceeds go to a non-profit: _____

Authorized by Support Committee(s): _____ committee Date: _____

Authorized by Staff member: (initial) _____ Date: _____

Deposit returned: Yes _____ Date _____

No _____ Reason _____
