

Wellspring, a United Methodist Community of Faith
Room Reservation Request

Event/Activity Name _____

Sponsoring Organization/Ministry _____

Event Date: _____

Event Start Time: _____ (AM/PM) Event End Time: _____ (AM/PM)

Arrival/Set-Up Time: _____ (AM/PM) End/Clean-up Time: _____ (AM/PM)

Is this Event or Class on-going (more than a one-time need)?

Recurring Events Start Date: _____ End Date: _____

Please provide specific details about your Event/Class. (i.e. “Ongoing group that will meet weekly, every Wednesday evening for one hour, with no set end date.” Or, “A study group that will meet every Tuesday morning at 10:00 for six weeks.”)

Contact Person: _____ Daytime #: _____

Mobile #: _____ Email: _____

Nursery and/or Child Care needed for Event? _____ Yes _____ No
*(Please fill out a **Child Care Request Form** and contact Kristin Miller to reserve Nursery/Childcare; additional fees will apply.)*

Room(s) Requested *: _____

Audio/Visual Needs: Sound System _____ Yes _____ No
 (Trained & approved persons will operate sound system; additional fees may apply.)
 TV/VCR _____ Yes _____ No

_____ (Initial) I understand that room rearrangement is permitted if the room is returned to its original form.

** If kitchen facilities are needed, the group reserving this space needs to supply (and clean up) their own food, drinks and supplies. NO alcoholic beverages are permitted.*

Please return completed form to Sue Kerr, Administrative Assistant.