Christ United Methodist Church

301 East Drake Road, Fort Collins, Colorado 80525 970-226-2341, Fax: 970-207-4030, E-Mail: info@cumc-fc.org Website: www.cumc-fc.org

Room Request Form

Part of the mission of Christ UMC is to invite community non-profit groups to use our facility. While we do not charge non-profit groups a fee, we accept donations to defray the cost of utilities, building upkeep and custodial expense.

Full Name of Organization:	Date:
Reason for Request:	
Key contact name:	Day phone:
Email address:	Alternate phone:
Your role or position in the Organization:	
Person filling out the form if NOT the key contact for the group	
Email address:	Best phone:
Date(s) Requested for event/meeting:	
ROOM #(s) Requested:	
Actual time room is needed, allowing time for decorating or set-up	& clean-up:
Start AND End Time of Event:	Unlock and Lock doors:
Expected Number of People: Children: Adults: A	ge Range:
Fellowship Hall Users: Have you filled out the room set-up on the re	verse side of this form?
Special needs or requests:	
Is the sound system in Fellowship Hall needed?	
NOTE: See Building Use Policy for use of CUMC's electronic equipme	ent and musical instruments.
Request Made:	ne Phone
FOR OFFICE USE ONLY - check and initial	n notified Date Approved
Special Instructions:	

PLEASE USE BLACK INK

	iii Date of Event.	Start time of event:	
ue to other room uses before or aft	er, set-up can begin at (to be	filled in by staff)	
ontact Name	Name of Group	Time needed by	
ontact Phone Number for questions	<u>:</u>		
the sound system in Fellowship Ha	ll needed? ☐ Yes ☐ No		
ound / video needs: Wall monitor v	w/Remote	Microphone	
etails:			
se this area to make a drawing of in	structions for Fellowship Hall		
	(South)		
	(North/Entrance to Fello	owship Hall)	