

MOUNT TABOR UNITED METHODIST CHURCH  
**MTUMC MINISTRIES Facility Use and/or Calendar Entry APPLICATION**

Phone: 336-765-5561 Fax: 336-768-4300 office@mttaborumc.org

*Please return **fully completed** form to MTUMC Office*

**EVENT NAME** \_\_\_\_\_ **EVENT DATE** <sup>(or date to begin)</sup> \_\_\_\_\_

**RECURRING EVENT?** <sup>(circle one below)</sup> yes / no **PATTERN OF RECURRENCE?** \_\_\_\_\_ **END DATE** \_\_\_\_\_  
*(ex: daily, weekly, every first Monday of month; 2nd & 4th Thursdays of month; etc.)*

**EXPECTED ATTENDANCE** \_\_\_\_\_ **TIME EVENT BEGINS** \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. **TIME EVENT CONCLUDES** \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
**Set-up Time begins** \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. **Clean-up Time ends** \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

**AREAS REQUESTED:**

\_\_\_ **Alsbaugh Worship Center**  
*Applicant must also obtain:* Modern Worship Coordinator approval \_\_\_\_\_  
 Audiovisual Tech Name \_\_\_\_\_

\_\_\_ **Sanctuary**  
*Applicant must also obtain:* Trad. Worship Arts Director approval \_\_\_\_\_  
 Audiovisual Tech Name \_\_\_\_\_

\_\_\_ **Main Kitchen\***  
*Applicant must also obtain:* Church Hostess approval \_\_\_\_\_  
*\*If using a caterer they must provide proof of insurance attached to this request.*

\_\_\_ **Nursery**  
*Applicant must also obtain:* Children's Min Director approval \_\_\_\_\_  
 Nursery Attendant Name \_\_\_\_\_

\_\_\_ **Youth Commons and Kitchen**  
*Applicant must also obtain:* Student Min. Director approval \_\_\_\_\_

___ <b>Family Life Center</b>	___ <b>Main Level Conference Rm 207</b>	___ <b>Playground</b>
___ <b>Fellowship Hall</b>	___ <b>Lower Level Conference Rm 110</b>	___ <b>Memory Garden</b>
___ <b>Church Parlor</b>	___ <b>Upper Level Conference Rm 303</b>	___ <b>Church Yard</b>
___ <b>Trinity Welcome Center</b> <i>(may not be reserved exclusively)</i>	___ <b>Upper Parking Lot</b>	___ <b>Lower Parking Lot</b>

\_\_\_ **Other:** \_\_\_\_\_

**ANY SPECIAL CONSIDERATIONS:** \_\_\_\_\_

Person Responsible *(print name)* \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

**If you agree with the statement below, then complete form with your signature:**

***"I HAVE READ THE POLICIES AND PROVISIONS FOR THE USE OF THE CHURCH BUILDINGS AND FACILITIES AND AGREE TO ABIDE BY THEM."***

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

OFFICE USE ONLY		
<input type="checkbox"/> Approved	Date Placed on Calendar _____	Signature _____
<input type="checkbox"/> Approved with considerations: _____	Date Placed on Calendar _____	Signature _____
<input type="checkbox"/> Denied due to: _____	Date Notified of Decision _____	Signature _____