

# First United Methodist Church Room and Equipment Reservation Form 535

535 Old San Francisco Road, Sunnyvale CA 408-769-0826 Fax 408-739-3380

Please fill out the Applicable Sections: Section 1 must be filled out for all requests.

<b>Section #1--- Required Information</b>	
Today's Date	Name of Event/Fundraiser
Contact Person Name	Contact Person Position in Organization
Contact Phone No.- Daytime	Contact Phone No.-Evening
<b>Section #2 Table Needs on Sunday Mornings</b>	
<b>Date(s) tables needed</b>	<b>Number of Tables needed</b> _____
	<b>Location of Tables</b>
<b>Section #3 Event Information</b>	
Event Description	Number of People expected
Church Event      Yes      No	Event Begin Date                  Event End Date
Community Event    Yes      No	Event Start Time                  Event End Time
Repetitive Event    Yes      No	Rehearsal Date(s)
<b>Section #4 Room Information</b>	
Number of rooms Needed	Room Preference (if any)
Furniture Needed	Kitchen Equipment Needed
Please use this section to explain any details	
<b>Section #5 Childcare Information</b>	
Childcare Needed    Yes      No	<b>(Please see attached policy if yes)</b> Childcare contact Name
Childcare Contact Phone No.-- Daytime	Childcare Contact Phone No.--Evening
<b>Section #6 Sound/Multimedia Equipment Info.</b>	
Microphones	Stands                  Handheld                  Remote
Soundboard Operator Needed    Yes      No	
Media Equipment	TV                  VCR/DVD                  Screen
Multimedia Operator Needed    Yes      No	Note: OUR OPERATORS ARE REQUIRED FOR USAGE OF PROJECTORS, LIGHTING AND SOUND NEEDS.

*Please describe in detail sound, lighting staging, musical, audiovisual and any other services which we require assistance by of technical staff. A Technical Services staff fee may be added..*

### Do Not Write in this space

**Staff Review**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Conditions \_\_\_\_\_ Date Contact Person Notified \_\_\_\_\_

**Charges**

**Room:** Per Room \_\_\_\_\_ Number of Rooms \_\_\_\_\_ **Custodial:** Set up \_\_\_\_\_ Take Down/Clean up \_\_\_\_\_

**Technical Services:** Equipment \_\_\_\_\_ Labor \_\_\_\_\_ **Other Expenses** Describe \_\_\_\_\_

**Total Cost of Event** \_\_\_\_\_ **Deposit Received** \_\_\_\_\_ **Date** \_\_\_\_\_

**Balance Paid** \_\_\_\_\_ **Date** \_\_\_\_\_

Once you have completed this form, click the button below to submit this file via email. If you have trouble using the Submit Form button, simply save this pdf file to your computer and then send it to [fumcoffice0826@sbcglobal.net](mailto:fumcoffice0826@sbcglobal.net) as an email attachment. You can also save this .pdf file to your computer to finish and submit at a later date.