

SENOIA UNITED METHODIST CHURCH

Facilities Use Reservation Form

Revised July 9, 2013

Event/Group Title: _____

Date Request Submitted: _____ Date of Event: _____

Time of Event: _____ Total time required: _____

Person making reservation: _____

Space being requested: _____

Group using the facility: _____

Contact phone number(s): _____

Street Address/P.O. Box _____

City, State, ZIP Code: _____

FEES:

Deposit due (*to reserve facility*): \$ _____

Non-Refundable fee (*due 2 weeks prior to event*): \$ _____

Facility Coordinator Fee: \$ _____

TOTAL DUE: \$ _____

Office use only:

Group Type: _____

Event approved by: _____ Date: _____

Facility Coordinator: _____ Fee received: _____

Deposit received: _____ NRF received: _____

Deposit returned: _____