

**First United Methodist Church of Northville**  
**FACILITY USE REQUEST**

REQUESTING GROUP: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Cellular Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

DATE & TIME REQUESTED: \_\_\_\_\_ Number of Attendees: \_\_\_\_\_

**AREA(S) OF BUILDING REQUESTED:**

- |  |  |   |                                       |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Fellowship Hall         | <input type="checkbox"/> Chapel/Lounge         | <input type="checkbox"/> Single Classroom | <input type="checkbox"/> The Path     |
| <input type="checkbox"/> Fellowship Hall Kitchen | <input type="checkbox"/> Chapel/Lounge Kitchen | <input type="checkbox"/> Double Classroom | <input type="checkbox"/> Chapel Patio |

**EQUIPMENT REQUESTED:**

- Volleyball Nets     Microphone     Speaker     TV w/DVD     Projector     Other (specify)

**FOOD SERVICE: Do you plan to:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Have a snack/meal?           | <input type="checkbox"/> Bring in prepared food?                       | <input type="checkbox"/> Bring your own dishes/tableware?                   |
| <input type="checkbox"/> Use church dishes/tableware? | <input type="checkbox"/> Use the church dishwasher?<br>(know how? Y/N) | <input type="checkbox"/> Prepare/warm food in a kitchen?<br>(know how? Y/N) |

**ROOM SET-UP SKETCH**

**Please use reverse to sketch approximate set up for room**

**DETAILS FOR COMMUNICATIONS:**

**Who:**

**What:**

**Where:**

**When:**

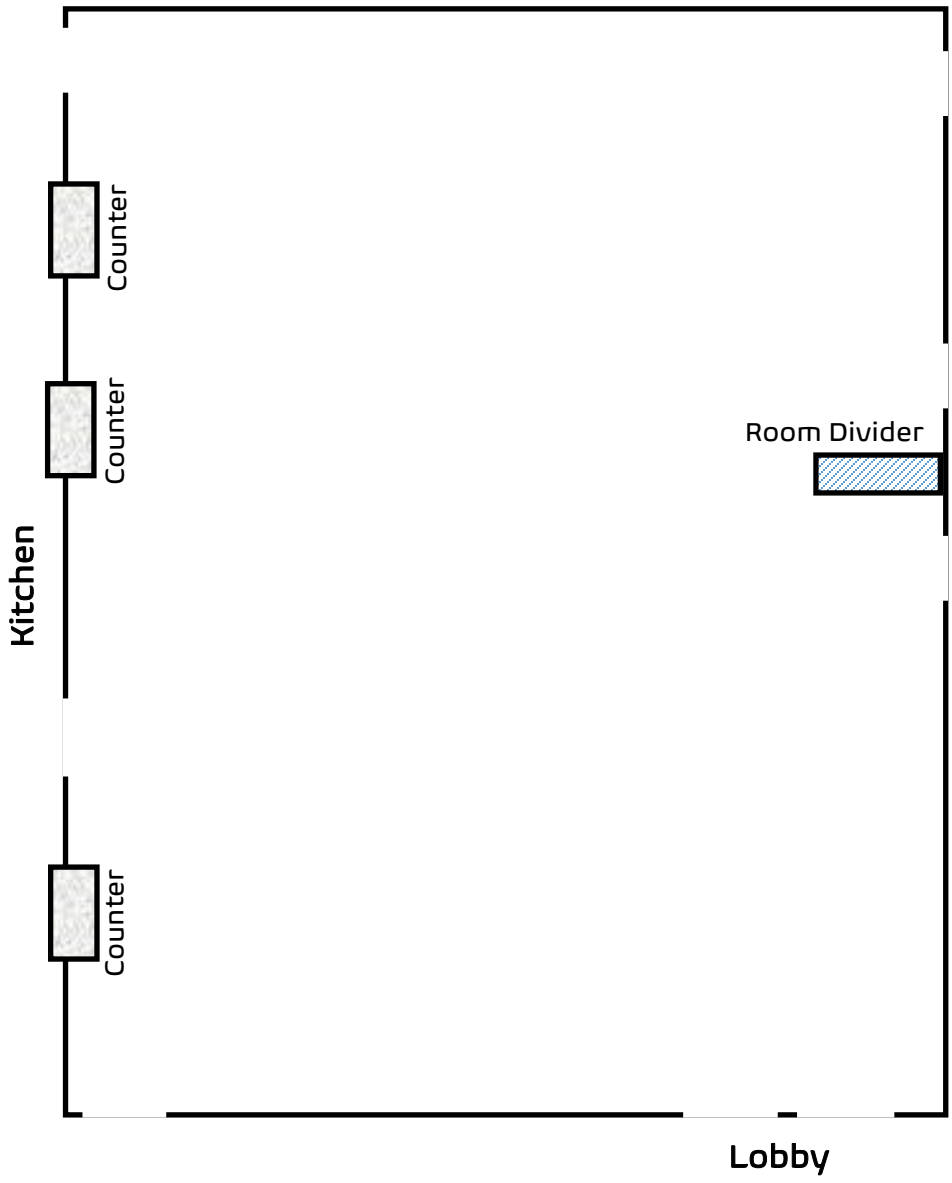
**Why:**

**How:**

# Room Set-up Form

Group Name: \_\_\_\_\_

## Fellowship Hall



## Notes

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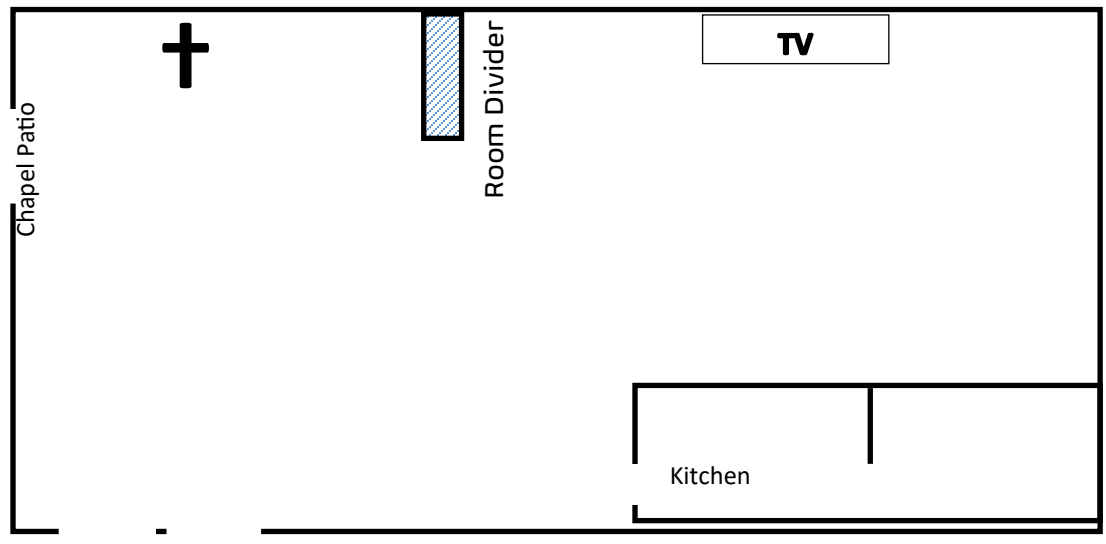
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## Chapel/Lounge

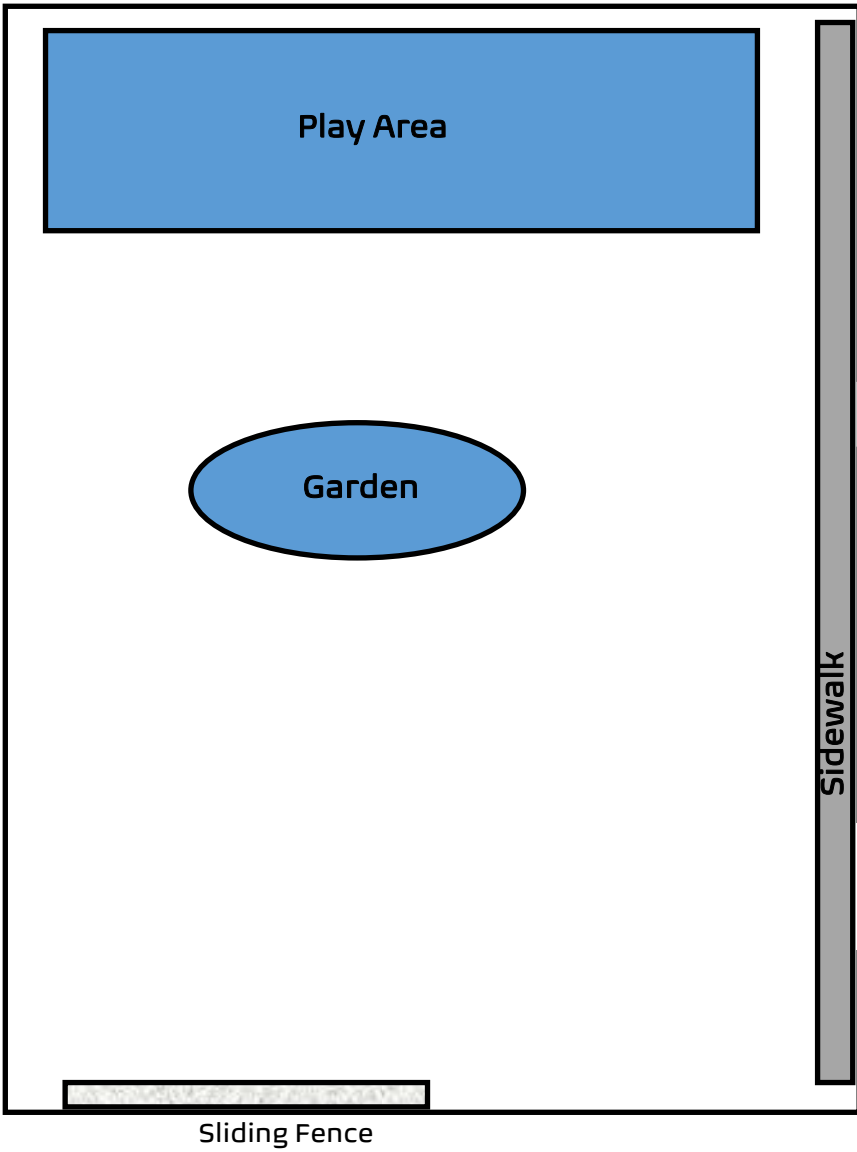


# Room Set-up Form

Group Name: \_\_\_\_\_

Day Care Lot

Notes



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Lower Level Parking Lot

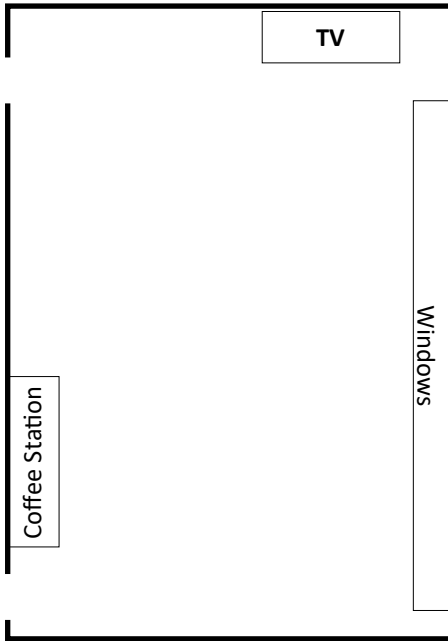
Other

# Room Set-up Form

Group Name: \_\_\_\_\_

## Rooms 10-11

## Notes



Memorial  
Garden

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## Rooms 12-13



## Rooms 5-7

