

**MADISON
METHODIST
CHURCH**

100 Post Oak Road Madison,
Mississippi 39110
601-856-6058
www.MadisonMC.org

Date Received:

By:

Policy or Form Title:

**General Facility
Reservation Request**

Adopted 9-7-2017 Revised 9-8-2017

Responsibility of:

(Committee Chair, Ministry Director or Staff)

PLEASE COMPLETE **SHADED AREA** AND RETURN TO CHURCH OFFICE.

THANKS

Description of Event/Activity:		Number expected:	Time frame:
Date of Event:			
Event Published Time:	One-time event	Recurring event	
Group or organization making the request (Name, address, telephone, email address)			
Church Members/Ministry:	Fee (see schedule) for use:		
Local Group:	Amount: \$		
Outside Group (Proof of Insurance required):	Deposit paid: \$		
Received Proof of Insurance	Fee and Deposit due before confirming reservation		
LOCATION(S) REQUESTED:		SEE GUIDELINES FOR REQUESTED LOCATION(S)	
Admin. Conference Room	Atrium	Classroom number(s):	
Chapel	Fellowship Hall		
Gym - CLC	Kids' Hall Education Bldg.		
Kitchen - CLC	Kitchen - Fellowship Hall		
Multi Purpose - Educ. Bldg.	Nursery Hall		
Sanctuary	Youth Hall Education Bldg.		
Note: If Nursery is requested, fill out Nursery Request Form			
ITEMS:			
Tables: Rectangle or Round	Audio-Visual needs (TV's, sound, etc.)		
Chairs			
Other			
Person responsible and contact information for event:		I have read Facility Use Guidelines and will abide by them.	
		Signed:	Date:
OFFICE USE ONLY			
Dates/Times Available: YES NO		Alternate (if any): YES NO	
On Church Calendar: YES		Comments:	
Group contacted with response: YES		Date:	
APPROVED BY:		BOARD OF TRUSTEES	
APPROVED: YES NO		By:	
Fee for use:	Amount: \$	Paid: \$	Date:

Please draw out your room set-up showing where you need chairs, tables, TV's, etc.