

PLEASE USE BLACK INK

Christ United Methodist Church

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Website: www.cumc-fc.org

Room Request Form

Part of the mission of Christ UMC is to invite community non-profit groups to use our facility. For all rooms except the Fellowship Hall and Sanctuary, we do not charge non-profit groups a fee, however we accept and encourage donations to defray the cost of utilities, building upkeep and custodial expense.

Full Name of Organization: _____ Current Date: _____

Reason for Request: _____

Key contact name: _____ Day phone: _____

Email address: _____ Alternate phone: _____

Your role or position in the Organization: _____

Person filling out the form if NOT the key contact for the group _____

Email address: _____ Best phone: _____

Date(s) Requested for event/meeting: _____

ROOM #(s) Requested: _____

Actual time room is needed, allowing time for decorating or set-up & clean-up: _____

Start AND End Time of Event: _____ Unlock and Lock doors: _____

Expected Number of People: Children: _____ Adults: _____ Age Range: _____

Special needs or requests: _____

Fellowship Hall Users: Please fill out the back of this form. You are responsible for setting up tables and chairs for your event as well as taking them down after the event. The church does not have staff to do the set-ups.

Is the sound system in Fellowship Hall needed? ☐ Yes ☐ No

NOTE: See Building Use Policy for use of CUMC's electronic equipment and musical instruments.

Request Made: ☐ In-Person ☐ By Mail ☐ Over the Phone ☐ Fax ☐ E-Mail

FOR OFFICE USE ONLY - check and initial ☐ Price agreed to _____ ☐ Invoice needed _____
☐ Approved (Pastor/Trustee) ☐ Denied ☐ Paper calendar ☐ Online calendar
☐ Inform Security f later than 9:30 p.m. ☐ Sound/Lights technician notified ☐ Date Approved _____
☐ Return phone call made: _____

Fellowship Hall requests:

Special Instructions: _____

Is the sound system in Fellowship Hall needed? ☐ Yes ☐ No

Due to other room uses before or after, set-up can begin at (to be filled in by staff) _____

Contact Name _____ Name of Group _____ Time needed by _____

Contact Phone Number for questions _____

Sound / video needs: Wall monitor w/Remote _____ Microphone _____

Details: _____

Use this area to make a drawing of the table and chairs needed for Fellowship Hall. This is for the church’s information only to help review your room request. All set up must be done by the group, not church members or employees. Tables must be taken down and chairs stacked after the room’s use.

(South)

(North/Entrance to Fellowship Hall)