

# Andrew Price Memorial United Methodist Church

## ACTIVITY REQUEST FORM

Please fill out completely, sign, and submit to the Church Office

Activity requests should be submitted to the Church Office - no later than 2:30 on Friday - prior to the activity date. Final designation of the activity request will take place at Staff meetings. Notification of activity designation will take place, promptly, after Staff meetings. Requests should be left on the Secretary's desk during normal business hours or in the office mail box (mounted on the wall outside the church office) after normal business hours.

**Date of Activity:** \_\_\_\_\_ **Duration (circle one):** One Time Event Weekly Monthly

**Day of the Week:** Sun. Mon. Tue. Wed. Thu. Fri. Sat.

**Event Description:** \_\_\_\_\_

**Sponsored By:** \_\_\_\_\_ **Number of Participants:** \_\_\_\_\_

**Time of Activity - From:** \_\_\_\_\_ **To:** \_\_\_\_\_ (please indicate AM or PM)

**Room (s) Requested:** \_\_\_\_\_

**Room Use Time Requested - From:** \_\_\_\_\_ **To:** \_\_\_\_\_ (please indicate AM or PM)

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ / \_\_\_\_\_  
Home Cell / Business

*For room configuration and/or equipment requests, please complete a Maintenance Request (On back of this form).*

### Additional Facility Requirements:

Sound System needed? \_\_\_Y\_\_\_N

Projection System needed? \_\_\_Y\_\_\_N

Infant/Preschool room needed? \_\_\_Y\_\_\_N

Children room needed? (1<sup>st</sup> – 5<sup>th</sup> grade) \_\_\_Y\_\_\_N

*Contact Christy Earl to arrange for Nursery workers - at least 2 weeks before event.*

*Fee is \$22.75/hr. for 2 workers*

### Vehicle Requirements:

Van Needed? \_\_\_Y\_\_\_N

Approved Driver: \_\_\_\_\_

Van Destination: \_\_\_\_\_

Van keys should be checked out from the Church Office (Monday through Friday) by appointment only.  
For room arrangement and/or equipment requested please specify on Work Order (On back of this form).

**Signature:** \_\_\_\_\_

*Endorsement of this form implies familiarity and agreement with the Facility Use Policy (maintained in the Church Office) and all other applicable policies relevant to the activity requested.*

# *Andrew Price Memorial United Methodist Church*

## **ACTIVITY REQUEST FORM**

### **FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Request Granted? \_\_\_Y\_\_\_N Conflict? \_\_\_Y\_\_\_N

Scheduled By: \_\_\_\_\_ Date: \_\_\_\_\_

### **Maintenance Request Form**

Date Needed: \_\_\_\_\_ Room: \_\_\_\_\_

Room Use Time Requested - From: \_\_\_\_\_ To: \_\_\_\_\_ (please indicate AM or PM)

Configuration Instructions: \_\_\_\_\_

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Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

*Please use the space provided, below, to provide a diagram of setup – if necessary.*