

The Higher Way Church - Jones Memorial United Methodist

CALENDAR/EVENT & FACILITY REQUEST

Must be received no less than 45 days prior to the event

(Request is pending until approved)

DATE SUBMITTED: _____ REQUESTED BY: _____ PHONE: _____

MINISTRY / ORG: _____ EMAIL: _____

EVENT NAME: _____ LOCATION (If off-site) _____

EVENT DATE(S): _____

DAY(S) REQUIRED: Sun Mon Tue Wed Thu Fri Sat

ONGOING EVENT? No Yes FREQUENCY: As Needed Weekly Bi-weekly Monthly

EVENT TIME: _____ END: _____ RESERVE TIME: Setup _____ Teardown _____

BULLETIN ANNOUNCEMENT: (Provide text) _____

ROOM & SETUP:

PREFERENCE: Sanctuary Fellowship Hall Youth Rm (128) Prayer Rm (136) Choir Rm
 Classroom(s) # _____ Other _____

NUMBER OF PEOPLE: _____ NUMBER OF CHAIRS: _____ NUMBER OF TABLES: _____

SETUP STYLE: None Required

- LECTURE (chairs in rows) CONFERENCE U-SHAPE (table in u shape with chairs)
- CONFERENCE (center tables with chairs around table) CLASSROOM (chairs in rows and tables & chairs in front)
- BUFFET (tables only _____) WORKSHOP (tables and chairs in rows)
- RESTAURANT (ROUND tables with chairs) OTHER: Provide a written diagram of the setup

ADDITIONAL NEEDS:

- KITCHEN REGISTRATION TABLE PODIUM
- AUDIO/VISUAL SERVICES * TELEVISION DVD PLAYER
- CHILD CARE * PROJECTOR EASEL
- EXTRA CUSTODIAL (setup or teardown) * DRY ERASE BOARD (no markers)
- EXTRA SECURITY (after-hours) * EXTENSION CORD (specify length)

NOTES/COMMENTS: _____

Will approve or deny event within 15 days of receipt of the request. Costs and special arrangements apply to services indicated by * (audio/visual, childcare, etc.). Complete the form and return it to the Church Secretary via email (churchsecretary@joneshigherwayumc.com), fax (713-733-9404), or delivery to the Church Office.

OFFICE USE ONLY:

APPROVED BY: _____ ROOM ASSIGNMENT: _____ DATE: _____