



## St. Luke's Room Reservation Form

### Church Ministry Events

Please submit this form 30 days prior to event

Email- sarah.jordan@stlukesumc.org

Phone- 901-452-6262

Name of Event/Meeting: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Time Needed for set-up: \_\_\_\_\_ Number of attendance: \_\_\_\_\_

Does this event repeat: \_\_\_\_\_ How often: \_\_\_\_\_ End date: \_\_\_\_\_

**\*All literature/flyers, etc. that will publicize this event must be approved by St. Luke's before being presented to the community.**

#### Location Requested for Event:

\_\_\_\_ Classroom Rm# \_\_\_\_\_

\_\_\_\_ Parlor

\_\_\_\_ Chapel

\_\_\_\_ Lounge

\_\_\_\_ Fellowship Hall

\_\_\_\_ Gym

\_\_\_\_ Hospitality Hall

\_\_\_\_ Sanctuary

\_\_\_\_ Other: \_\_\_\_\_

#### Equipment needed for Event:

\_\_\_\_ # of tables      \_\_\_\_ # of chairs

\_\_\_\_ podium      \_\_\_\_ projector

\_\_\_\_ DVD player      \_\_\_\_ screen

\_\_\_\_ Microphone      \_\_\_\_ TV

\_\_\_\_ Portable sound system

#### Room Set up:

Please use the back of this form to show a diagram of the room set-up.

#### Security Needs:

Extra Security Needed? \_\_\_\_\_

**Kitchen Use Request:** \_\_\_\_ FH Kitchen \_\_\_\_ Parlor Kitchen \_\_\_\_ CLC Kitchen

(Fill out and attach the separate Kitchen /Food Service Request Form)

Request Made By/Contact Person:

Organization Name: \_\_\_\_\_ Website: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I agree to use the assigned St. Luke's UMC facility. In accordance with current policies and maintain the order of the space used. I assume full responsibility for any damages and/or losses incurred during use and release St. Luke's UMC from any injuries that may occur during the use of the facility. Failure to abide by policies will result in termination of building using privileges.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### Distribution for office use ONLY:

\_\_\_\_ Calendar      \_\_\_\_ Facilities/Security      \_\_\_\_ Transportation      \_\_\_\_ Kitchen      \_\_\_\_ Finance

Formed Received by: \_\_\_\_\_ Approval: \_\_\_\_\_

Deposit Amount Given: \_\_\_\_\_ Final Amount Due: \_\_\_\_\_

Each organization MUST present their insurance form to secure date. Please attach it to this form and turn it in to the finance office.

## Outside Events

### Location(s) Requested for Event:

\_\_\_\_ Green Space  
\_\_\_\_ Whole Parking Lot  
\_\_\_\_ Upper Lot  
\_\_\_\_ East of the Gym  
\_\_\_\_ Highland Green Space  
\_\_\_\_ Other \_\_\_\_\_

### Equipment needed for Event:

\_\_\_\_ # of tables    \_\_\_\_ # of chairs  
\_\_\_\_ Church Logo Banner  
\_\_\_\_ # of extension cords  
\_\_\_\_ # of water hoses  
Other: \_\_\_\_\_  
\_\_\_\_\_

Diagram of the room set-up: