

Community United Methodist Church
3487 Route 130, Irwin, PA 15642
REQUEST FOR USE OF THE FACILITIES

SPIRITUAL & RESOURCE TEAM USAGE

(Ex. Fellowship, Worship, Evangelism, Discipleship, Ministry, Stewardship, etc.)

Spiritual or Resource Team: _____ Date _____

Name of Group: _____

Contact Person: _____

Please indicate the preferred method of contact: ___ Phone ___ Email ___ US Mail

Address _____

Phone: _____ Cell _____ Email _____

Intended Use of Facility: (describe in detail the function)

Date for requested event _____

Start time for event/activity (time participants arrive) _____ End time for event _____

Set-Up Date _____ Start time for set up _____ End time for set up (Same as activity start time above) _____

Begin Clean up time(should be same as end time for activity above) _____ End time for clean up _____

Will you need use of the Kitchen Facilities _____yes _____no If yes, will you need assistance from our
Kitchen Team _____yes _____no

If you will be working in the kitchen without our team, please list name and phone number of person trained in
CUMC kitchen policies _____

Ministry teams are responsible for set up and clean up for tables and chairs. Please list contact person who will
be handling your set up and clean up _____

Audio visual – Microphone only (no speakers, stage, etc available without Audio Visual Team)

Will you need any audio visual _____yes _____no

If no, will you need the microphone _____yes _____no