

**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 assistance with clean up \_\_\_\_\_yes \_\_\_\_\_no If no, please list name and phone number of person familiar with 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 \_\_\_\_\_

Will you need Tables and Chairs Set up \_\_\_\_\_yes \_\_\_\_\_no

Will you need assistance setting up tables and chairs \_\_\_\_\_yes \_\_\_\_\_no

If no, please list name and phone number of person familiar with setting up tables and chairs

\_\_\_\_\_

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