



# First United Methodist Church

915 E. Fourth Street

Tucson, AZ 85719

520-622-6481

## Room Use Request

Date(s) Needed: \_\_\_\_\_

Time: From \_\_\_\_\_ am / pm, To \_\_\_\_\_ am / pm Meeting Start Time: \_\_\_\_\_

Date of Request: \_\_\_\_\_

### Room Requested:

- |                                    |                                      |                                       |   |
|------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Sanctuary | <input type="checkbox"/> Social Hall | <input type="checkbox"/> Arizona Room | <input type="checkbox"/> Carillon Room (Lounge) |
| <input type="checkbox"/> Chapel    | <input type="checkbox"/> Kitchen     | <input type="checkbox"/> Library      | <input type="checkbox"/> Classroom: _____       |
| <input type="checkbox"/> Patio     | <input type="checkbox"/> Parlor      | <input type="checkbox"/> Rainbow Room | <input type="checkbox"/> Basement (Underground) |

Name of Group or Organization: \_\_\_\_\_

Purpose: \_\_\_\_\_ Estimated # of Attendees: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact (required): \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date Approved: _____	Approved By: _____	Office Use Only
Room Fee Required: _____	Check #: _____	Amount: _____ Date Paid: _____
Sound System Deposit: _____	Check #: _____	Amount: _____ Date Paid: _____
Custodian's Fee Required in Cash _____	Amount: _____	Date Paid: _____
Total Payment:		
Parking Passes Needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many? _____

## Room Setup

Setup Needed (fill in number):

\_\_\_\_\_ Round Tables (seat 8)

\_\_\_\_\_ Rectangular Tables (seat 8)

\_\_\_\_\_ Chairs

\_\_\_\_\_ Lectern

\_\_\_\_\_ Sound System (\$20 + \$200 refundable deposit)

Any other equipment needed: \_\_\_\_\_

---

Setup Diagram (please sketch desired room arrangement)

