

Kennesaw United Methodist Church Facilities Request Form

Would you like to have an event at Kennesaw United Methodist Church? Please fill out the form below to request your space. Reserving our facility is on a first come, first serve basis with church events taking priority. Events need to be scheduled **3 weeks in advance**. You may only request space six months in advance. Weddings are the only exception to this. Once the form is turned in, you should receive an email confirmation within **two business days that we have received your request. You will receive approval within 5 business days**. If you have questions about space or your request, contact JaNae` Swanson-Brown at the church office: 770-428-1543 / janae@kennesawumc.org

Please print clearly: Today's Date: _____
 Event Name: _____ Group/Ministry Name: _____
 Contact Person: _____ Member__ Staff__ Public __
 Email Address: _____ Phone: _____
 Date of Event: _____ Time of Event: (Start and End) _____
 Set-up Time Prior ____ Clean-up Time After ____

How often does this event occur?
 One time only __ Daily __ Every other week __ Once a Month __ Quarterly __

Please give us a description about this event:

(Complete equipment needs and facility diagram on back page)

Custodial Services Needed __Yes __No
If you do not opt to pay for custodial services at the time of your reservation and your room(s) are found to need cleaning after your event you will be charged a \$100 cleaning fee.

Please refer to Facilities Use Guide for rental fees.

Please circle the rooms that you will need for the event:

Sanctuary Narthex Welcome Center Christian Activities Center (GYM) Kitchen Small Kitchen
 Stage Playground Ball field Portico Parking Lots Pavilion Outside
 Worship Area BBQ Front Lawn Conference Rm

Children's Hall:

Rooms: 104, 106, 107, 108, 110, 112, 113, 114, 115, 116, 117,
 118, 119, 120, 121

Adults:

Rooms: 121, 123, 137, 138, 140, 142, 219, 230, 234 Choir Room

Other: _____

Childcare? __Yes __No The church office will be responsible for arranging Childcare with Nursey directors.

Office Use Only:
 Date Rec'd: _____ Approved/Denied: _____ Calendar: _____ Notified: _____
 Rental Fees: _____ Deposit: _____
 Notes:

Media & Technology Request

Microphone & Sound: Yes _____
DVD Player: Yes _____
Projector: Yes _____

Projector Screen: Yes _____
TV: Yes _____
Other: _____

Notes: _____

Set-up Request

How many tables and chairs would you like?

Round _____
Long _____
Chairs _____

Please draw a diagram of how you would like the room setup.