

# Facility Usage Request Kennesaw UMC

Event: \_\_\_\_\_

Date Request Submitted: \_\_\_\_\_

Desired Date(s): From: \_\_\_\_\_ To: \_\_\_\_\_

Alternate Date(s): From: \_\_\_\_\_ To: \_\_\_\_\_

Reserve/Setup Time:

Setup Time	Event Start Time	Event End Time	Cleanup Time

Room(s) Requested: \_\_\_\_\_ Number Expected: \_\_\_\_\_

Setup needed:   Yes    No

Sound Equipment needed:   Yes    No      Television/DVD Player needed   Yes    No

Explain Setup in detail (if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_

Group Name: \_\_\_\_\_

Leader's Name: \_\_\_\_\_

Please allow three business days for processing. Once the form is submitted (in person or online), you will be contacted via email for confirmation of what space you have been assigned.

**No rooms will be reserved without a completed form.**

**Place in Jennifer McIntosh's mailbox when complete or  
complete a form online ([www.kennesawumc.org](http://www.kennesawumc.org)).  
[jennifer@kennesawumc.org](mailto:jennifer@kennesawumc.org)  
770-428-1543**