

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: _____

You need to reserve the facility space at least 3 weeks out to allow time for processing. Once the form is submitted, 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 Margaret Neal's mailbox when complete or
complete a form online (www.kennesawumc.org).
margaret@kennesawumc.org
770-428-1543 X30**