



**Mt. Zion
United
Methodist
Church**

Mt. Zion United Methodist Church

FACILITIES USAGE REQUEST FORM

PLEASE PRINT

Instructions: Facility usage request form must be submitted **10 business days** in advance of function.

Ministry _____ Chairperson _____

Contact Phone No. _____ Date of Event _____ Time of Event _____

Name of Event _____ End Time _____

Areas Requested: Sanctuary Fellowship Hall Classroom Meeting House
Nursery Kitchen

Facilities Needs: Parking Lot Tables and Chairs Paper Goods

Number of Participants _____ **(Must be filled in if supplies are needed)**
(Please fill in reverse side if supplies are required)

Technical Support Needs: Podium Microphone CD player TV/DVD Player
Projector Screen Extension Cords/Power Strips

Please check all that apply.

Signature/Ministry Chairperson _____ **Date** _____

Approval Signature: _____
Clifford L. Still, Sr.

Note: All ministries are responsible for setting up and taking down, tables and chairs for their event.

Upon approval, signed and dated copies will be placed in ministry mailbox

Copies Distributed to: Ministry Chairperson Sound Tech Trustees

COMPLETED FORMS MUST BE SIGNED BY THE MINISTRY CHAIRPERSON AND RETURNED TO THE CHURCH ADMINISTRATIVE ASSISTANT.
PLEASE SEE REVERSE SIDE

PAPER GOODS REQUEST FORMS

MINISTRY NAME: _____

NUMBER OF ITEMS NEEDED: Please complete all that apply:

Date of Event: _____

Paper Plates: Large _____ Small _____

Bowls: Large _____ Small _____

Cups: Hot _____ Cold _____

Utensils: Knives _____ Forks _____ Spoons _____

Napkins: _____

Table Covers: _____

Sterno: _____

Take Out containers: _____ (Nos. of containers)

Signature of Chairperson: _____

Give all forms to Church Administrative Assistant

Please provide a copy of the Paper Goods Request Form to: Kenny Wright