



FACILITY REQUEST FORM
(please submit request at least 3 weeks prior to event)

904-268-5549

<http://www.mumc.net>

GENERAL INFORMATION

Event Title _____ Date Submitted _____

Event Date _____ Day _____ Event Time _____ Time In _____ Time Out _____

Recurring event: Yes No (if yes, list additional dates) _____

Contact Person _____ Email _____

Phone Numbers (H) _____ (C) _____ (W) _____

Name of Organization _____ Non-Profit Yes No

Address/City/Zip _____ Phone _____

Ministry Purpose of Organization _____

EVENT INFORMATION

Please describe the proposed activity in detail _____

Number Attending _____ Is there a charge to attend? Yes No How much _____

Location Requested Kasey Mogle Friendship Hall Kasey Mogle Kitchen Wesley Hall

FLC Kitchen Sanctuary Worship Center FLC Classroom (#) _____ Gymnasium

Youth Rooms Other building or room (name) _____

Will anything be sold or distributed at the event? Yes No If yes, describe _____

EVENT INFORMATION (continued)

Food Services (please describe below in detail any proposed food services associated with this event and who will provide these services) _____

Decorations (describe) _____

Additional Comments _____

Publicize Event In Bulletin EMessenger Wednesday Blast MUMC Web Page

Facebook Twitter Instagram Other _____

Preschool Childcare Needed (infant to 4 years) Yes No _____

Elementary Childcare Needed (5 years to 5th grade) Yes No _____

Contact Sarah Deetz at sdeetz@mumc.net or 904-268-5549 at least 2 weeks prior to need

PLEASE DIAGRAM ROOM LAYOUT BELOW

TECHNICAL ASSISTANCE REQUEST (submit 3 weeks prior to need)

NOTE: this includes sound checks, practices, run-throughs, set-ups, etc. which would need sound computer, lighting, etc.

Person Requesting _____ Phone _____

Email _____ Event Date _____ Start Time _____ End Time _____

Location Requested: Sanctuary Worship Center Wesley Hall Kasey Mogle Other _____

Type of Activity lecture praise worship service traditional worship service training

sound check other worship service (specify) _____ video cast

awards event other (specify) _____

Explanation _____

NEEDS

(sound, camera and lighting in the Worship Center each require an additional technician)

Sound CD Recording Video Taping DVD

Cameras (specify) _____

Special lighting (specify) _____

microphones (specify) podium individual lapel lavalier group mike

*computer *video *words displayed on screens *photos *slideshow

***all specific details on computer such as words, pictures, videos, etc., must be provided to our Technical Team at least 10 days prior to the date of the event.**

Will there be a rehearsal for this event? yes no

If yes: Date of rehearsal _____ Start Time _____ End Time _____

Will all items requested above be needed for the rehearsal? yes no

Special Notes/Requests _____

I have read and understand the time requirements for all text and video requests

Signed _____ Date _____

VEHICLE REQUEST

Vehicle Requested 15 Passenger (14 + driver) 25 passenger (24 + driver) Enclosed Trailer
 Flatbed Trailer Scout Trailer

Pickup Date _____ Time _____ Return Date _____ Time _____

Where is vehicle going _____

Recurring event: Yes No (if yes, list additional dates) _____

Contact Person _____ Phone _____

Cell Phone _____ Email _____

Drivers License # _____ CDL # _____

Additional Driver _____ Phone _____

Cell Phone _____ Email _____

Drivers License # _____ CDL # _____

Additional Driver _____ Phone _____

Cell Phone _____ Email _____

Drivers License # _____ CDL# _____