



**Mandarin**  
United Methodist

## FACILITY REQUEST FORM

Please submit your request at least 3 weeks prior to your event(s).

**Your electronic signature is required and signifies your commitment to follow the required procedures.**

### 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 \_\_\_\_\_

Requested Location

**INSIDE SPACE:**  Based on the above information, we will determine an available location.

REQUIRED: You must read and sign Page 4 before we book space for your group.

**OUTSIDE SPACE:**  Based on the above information, we will determine an available location.

REQUIRED: You must read and sign Page 4 before we book space for your group.

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 Boards  Rolling Announcements  The Buzz  MUMC Website

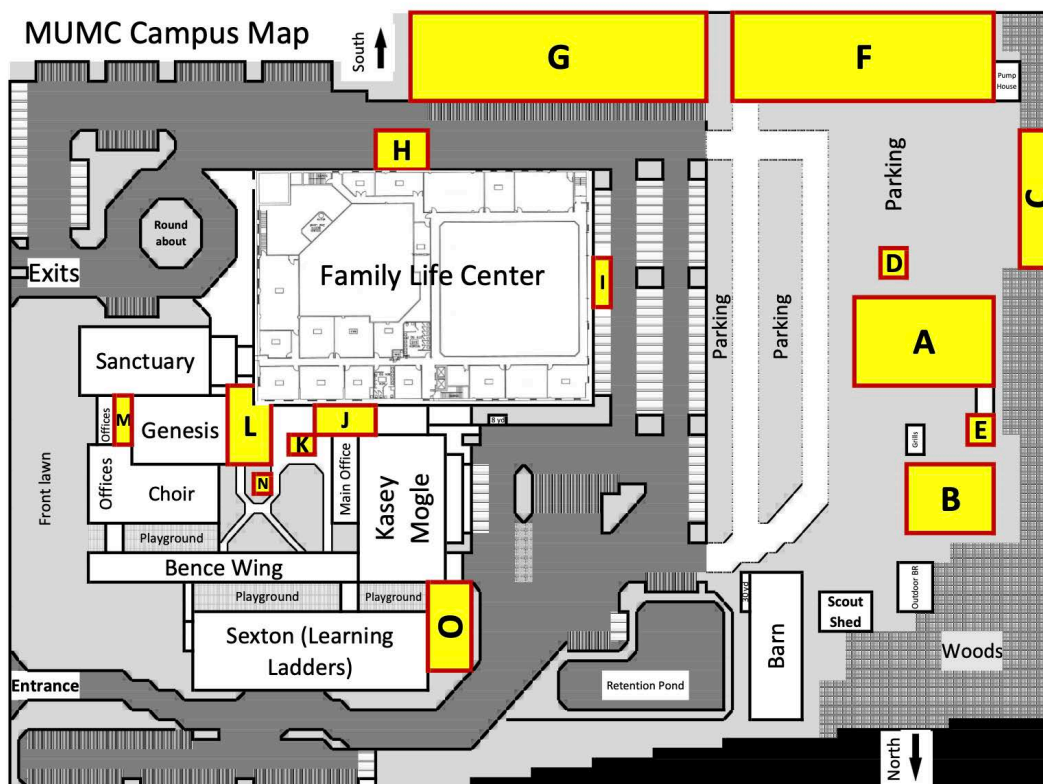
Facebook  Twitter  Instagram  Other \_\_\_\_\_

Preschool Childcare Needed (infant to 4 years)  Yes  No \_\_\_\_\_

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

**Contact Caroline Lee at [nursery@mumc.net](mailto:nursery@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  \*slideshow

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

**\*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 \_\_\_\_\_

## **MUMC COVID-10 PROCEDURES FOR ALL GROUPS ON CAMPUS**

Stay home if you're feeling sick or have a fever.

Wear a mask while on campus. Masks may be removed once you are seated but must be worn when you get up from your chair.

Please stay within your designated meeting area. Before and after meetings, please make sure that members of your group are not congregating in parking areas.

Bathrooms are not available during this phase for outside groups.

Bring a chair. If you use seats or tables in the area, you are responsible for disinfecting them after use.

Your group is responsible for disinfecting any area that were touched during your meeting. Disinfectant supplies will be available near your area. You can reach a Sexton at 334-1093 if more supplies are needed. To disinfect an area, first clean any dirt from the surface. Spray the surface with disinfectant and leave it wet for 10 minutes. The surface can now be wiped down.

We will make every effort to find a suitable place for your group, but at times your meeting may have to be moved or rescheduled due to a ministry need in your area. We will let you know at least 48 hours ahead of time if this is the case.

### **YOUR SIGNATURE IS REQUIRED**

I have read these procedures and agree to lead my group in following each of them.

I understand that my group is responsible for disinfecting areas that we have touched during our meeting.

I understand that should my group fail to be responsible for the area assigned to us, we could lose our designated space for future meetings.

I understand that masks are to be used on campus. Masks can be removed once seated but must be worn when I am up and moving. I understand that as the coordinator of this group, I must enforce this with the members of my group.

Signature:

Date: