



Shandon United Methodist Church For Calendar, Room, & Meal Requests

- **Return this form to Administrative Assistant to Senior Minister.**
Copies will be distributed to appropriate staff.

Prior to Submitting Form:

1. **MEAL** REQUESTS or outside catering **MUST** be confirmed with Tim Scott, Director of Kitchen Ministries at 256-8383 x 127.

2. Make **DVD/VCR** and **BUS** requests with Tanesa Rowe, the Ed Administrative Assistant at trowe@shandon-umc.org OR 256-8383 x 109. Other audiovisual or equipment requests on this form will be distributed by the Administrative Assistant to the Senior Minister.

3. All **NURSERY** requests must be submitted on the Nursery Request Form and left in the Nursery Coordinator's hall box. Forms are in the wall box by the Education Office.

Today's Date: _____
 Event/Activity _____ Number expected: _____
 Room(s) requested: First Choice _____ Second Choice _____
 Day(s) of the week: _____ Starting Date _____ Ending Date _____
 Or list dates: _____

Start Time _____ End Time _____ Set up Time _____ Clean Up Time _____

Repeating? Every 1st 2nd 3rd 4th 5th Mon. Tu. Wed. Th. Fri. Sat. Sun.

Room Set-Up

Number of tables: _____ Circle one: U-shaped Square Circular
 Number of chairs: _____ Circle one: Circle Around Tables Auditorium
 Or Draw Diagram on the BACK: _____

Audiovisual or Equipment Requests (see #2 above):

___ Lectern ___ Flip Chart ___ Microphone ___ Overhead Projector ___

Screen ___ * Computer Projector ___ * Gym Sound System ___ * Sanctuary Sound System

* Approximately \$25-\$50 set-up fee Other: _____

Meal Request (see #1 above)

Menu: _____

Serving Time: _____

Circle: Cloth table cloths Paper tablecloths Mats Paper Products China/silver

Contact Person

Name: _____

Organization/MinistryArea: _____

Daytime Phone/E-mail: _____