

# ROOM REQUEST FORM

Wyoming  
United Methodist Church  
216 Wyoming Mill Road  
Dover, DE 19904

Date: \_\_\_\_\_

## Contact Information:

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_ to \_\_\_\_\_ Type of Event: \_\_\_\_\_

Group Name: \_\_\_\_\_

Church Affiliation (circle one): **Wyoming UMC Group** **Outside Group**

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

## Group Information:

Number of Attendees: \_\_\_\_\_

Age Range: \_\_\_\_\_

Is this a Fund Raising event? Y N

**Adult supervision is required for all youth events.**

Beneficiary: \_\_\_\_\_

Profit or Non-Profit Group?

Ticket Sales: Y N (see Ticket Sales Agreement)

Agency: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Agency Contact: \_\_\_\_\_

**A copy must be supplied to the church 2 weeks prior to the event. See Rental Agreement for details.**

Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## Room Requirements:

### Room set-up:

- # of people \_\_\_ Theater style
- # of people \_\_\_ Classroom style
- # of people \_\_\_ Conference Room table
- # of people \_\_\_ Casual seating
- # of people \_\_\_ Dinner
- # of people \_\_\_ Fellowship
- # of people \_\_\_ Social/Dance
- # of people \_\_\_ Concert/Recital
- # of people \_\_\_ Wedding

(see Wedding Agreement)

**\*PLEASE SIGN ATTACHED INDEMNITY FORM**

### Audio/Visual Equipment:

- \_\_\_ Television
- \_\_\_ DVD\*\*
- \_\_\_ VHS\*\*
- \_\_\_ Projector & Screen (PC or DVD/VHS)\*\*
- \_\_\_ Slide Projector & Screen
- \_\_\_ Overhead Projector & Screen
- \_\_\_ White Board & Markers
- \_\_\_ Charts & Markers

**\*GROUPS WILL SET UP AND TAKE DOWN UNLESS PREVIOUSLY NEGOTIATED**

**\*\*FOR NON-MOBILE UNITS AND PC, PLEASE USE SEPARATE A/V PROGRAM REQUEST FORM**

### Refreshments:

- \_\_\_ Coffee Pot and Cups
- \_\_\_ Water Pitchers and Glasses
- \_\_\_ Plates, Silverware & Glasses
- \_\_\_ Catered (see Caterer Agreement)

**\*ALL UTENSILS USED BY THE GROUP ARE TO BE WASHED AND PLACED BACK IN THE RECEPTACLES IN WHICH THEY ARE PROVIDED AS OUTLINED IN THE RENTAL AGREEMENT.**

## For Office Use:

Room Name: \_\_\_\_\_ Set-Up Time/Date: \_\_\_\_\_ Assigned: \_\_\_\_\_

Host: \_\_\_\_\_ Breakdown Time/Date: \_\_\_\_\_ Assigned: \_\_\_\_\_

Entered in CCB Date \_\_\_\_\_

Copies:    GROUP CONTACT    OFFICE    CUSTODIAL    HOST    SET-UP    BREAKDOWN    ACCOUNTING