

**First Unitarian Church Facility/Calendar Reservation
For Church, Church-Sponsored, and Church Member Sponsored Events**

Date request made: _____, 200__ Made via: Note/Form Email Phone/Verbal

1. Requested by (name) _____ representing (group) _____
Contact's Email Address: _____

- 2. Check one of the following:
 - This is a calendar scheduling request only - Event is **not** at the First Unitarian Church.
 - This is for **both** the calendar and for facility scheduling.

3. Title/purpose of event: _____

- 4. Check one of the following:
 - This request is for one event occurrence only, on (date)** _____, 200__.
 - This is for an event that will occur at the same time and in the same place, either:*
 - A. *On specific dates as follows:* _____, _____, _____, _____, _____
_____, _____, _____, _____, _____, _____, _____, _____, *or*
 - B. *On a regular schedule described below, starting on* _____, 200__, *and continuing through* _____, 200__. (Examples: Every 6th Friday; On the last Monday of every month; Weekly on Wednesday; On the 2nd Tuesday of the month Sept. through May.)

5. For calendar publishing purposes, please state the event times:
Event starts at _____ AM PM (Note: _____)
Event ends at _____ AM PM (Note: _____)

6. For space usage scheduling purposes,
 A. Please state your earliest arrival time (& why) and the time you expect to depart (after cleanup):
Arrive at _____ AM PM (Note: _____)
Depart by _____ AM PM (Note: _____)

B. Please indicate, by making a circle around the name, which space(s) you wish to use::
 (down) Kitchen, Common Room, Nursery, Lower Level Classroom
 (up) Sanctuary, Merritt Lounge, Upper Level Classroom, Office Conference Area

7. **NOTE: Contact Cheryl Wallace if childcare is needed.** ___ Done ___ Not Needed

8. **Who will be responsible for ensuring that the area/amenities used are cleaned up and properly stored/restored before leaving?**

Name _____ Phone Number _____

9. **Who will be responsible for lights and locks (entry/exit) for this event?**

Name _____ Phone Number _____

Is a temporary door key needed? ___ Yes ___ No

11. Name of sponsoring church group: _____
or sponsoring church member: _____

This Space For Office Use Only:

<input type="checkbox"/> Computer
<input type="checkbox"/> Book (Calendar)

Key # _____ issued to _____ on ___/___/_____. Returned on ___/___/_____. Received by _____.
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