

CALENDAR REQUEST FORM

___ Approved in Staff
___ Added to calendar

Deer Park United Methodist Church
Submit completed form to church office
Fax 281-930-9931
email: eguver@dpumc.org

Application date: _____

Contact Person: _____ Phone: _____ Email: _____

Event Name/Description: _____

Date(s) Requested: _____ Number of attendees: _____

Room(s) Requested: _____

Please Note: Special room set-up is the responsibility of the applicant unless arrangements are made prior to the even with the office/church sexton. Any furniture in the room (or borrowed) should be returned to its original place and arrangement. If food or drink is spilled, floors should be cleaned. If the kitchen is used, it should be cleaned and all trash taken to the dumpster. Thank you.

Set up time: _____ Event start time: _____ End time: _____

One time event? Y/N _____ Repeating format? Y/N _____

Do you need.....

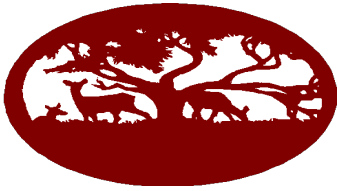
Childcare? _____

Kitchen? _____

Set Up? _____ **Please complete set up form (see back) if set up needed.**

Any other special needs?

Applicant notified (date) _____ Any fees required? _____ Fees collected _____



Deer Park United Methodist Church
1300 East Thirteenth Street
Deer Park, Texas 77536

SET-UP REQUEST

DATE NEEDED: _____

BUILDING/WING: _____

ROOM: _____

NUMBER OF CHAIRS: _____

PADDED METAL

NUMBER OF TABLES: _____

ROUND RECTANGULAR

TIME OF EVENT: _____

TAKE DOWN YES NO

SET-UP DIAGRAM:

REQUESTED BY: _____ PHONE: _____

DATE SUBMITTED: _____

APPROVED: _____