

REQUEST FORM FOR USE OF FACILITIES

McDonaldsville United Methodist Church
7641 Wales Ave. NW
North Canton, OH 44720
Ph. (330)499-6971 Fax (330)499-6972

DATE REQUESTED _____ DAY OF WEEK _____

TIME OF MEETING/EVENT _____ Time of Arrival _____ Of Departure _____

NAME OF EVENT OR GROUP _____
(Give a brief description of activities which will take place)

ROOM REQUESTED

___ Fellowship Hall ___ Sanctuary ___ Chapel
___ Classrooms # _____ Other _____
(If a specific room is required, please note)

HOW MANY IN ATTENDANCE _____

TABLES & CHAIRS REQUIRED _____

If a special set-up of tables and chairs is required in Fellowship Hall please contact the custodian.

FEE (if any) \$ _____

LIST EQUIPMENT REQUIRED:

___ Lectern
___ Microphone
___ Piano/Organ
___ Projector
___ TV/VCR

SIGNATURE OF PERSON RESPONSIBLE FOR GROUP:

Address _____
Position with Group _____
Phone Number (Home) _____
(Work or Cell #) _____
Are you a member of McDonaldsville Church? _____