

Date Submitted: _____

BUILDING USE FORM

Bellaire United Methodist Church

Please complete the form and return to Michael Hutchinson.

- 1) Name of Group: _____
- 2) Circle one: Church Group Outside Group
- 3) Type of meeting/event: _____
- 4) Date and day of meeting/event: _____
If on-going event give schedule: _____
- 5) Setup time: _____ Event time: _____ to _____
Ending time: _____ (to include cleanup)
- 6) Room(s) requested: _____
- 7) Nursery to be used? Yes No (Email will be sent to the Nursery Coordinator)
- 8) Sound equipment FLC? Yes No (There is a \$75 minimum charge for equip. usage)
Sound equipment FH? Yes No
Special equipment requests: _____
- 9) Food to be served? Yes No What type? _____
Will this be catered? Yes No Caterer: _____
- 10) Number of people expected: _____
- 11) Age level of participants: _____ (children, youth, adults)
- 12) Entertainment? Yes No
- 13) Decorations? Yes No (To be pre-approved)
- 14) Connection Center Yes No

Person completing form

Phone

Person responsible (contact person)

Phone

E-mail address: _____ Local address: _____

BUMC FAX 713-663-6397

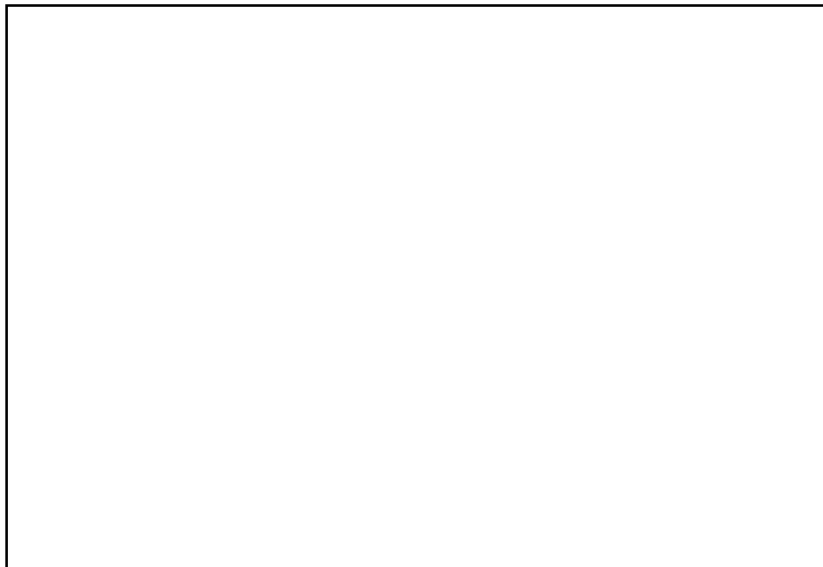
Office use only:

Check# _____ Amt Pd: \$ _____

Room Setup



(15) Special setup instructions: (use space provided)



(15) Special setup instructions: (use space provided)
