

EVENT REGISTRATION FORM

(Approved by Church Council on October 3, 2006)

First United Methodist Church

800 South Ninth Street
Midlothian, Texas 76065
972-775-3993 or 972-723-3993

Today's Date: _____ Date of Event: _____ () Member

Name of Event: _____ () Non Member

Billing Address: _____ City, State, Zip _____

Contact Person: _____

Phone: (_____) _____ E-Mail: _____

Event Set Up: _____ Event Start Time: _____ Event End Time: _____

Facilities Required (Check as Needed)

FLC: () Classroom # _____ () Youth Hall () Library () Great Hall () Kitchen

Main Building: () Classroom # _____ () Sanctuary () Fellowship Hall () Kitchen

For Office Use Only: Other Requirements (Check if Needed)

____ Kitchen Coordinator (if using kitchen) () Contacted

____ Sound Technician (if using sound system)* () Contacted

____ Video Equipment* () Contacted

____ Nursery Needed () Contacted

*If using our Audio/Visual please indicate particular requirements.

Tables & chairs set-up

_____ People Attending

____ Reserving Party will do ____ Staff will do () Contacted

____ Tables (____ Round Tables ____ Long Tables)

____ Chairs

*Table cloths needed: () No () Yes

*Note: Must have a count at time of scheduling, if less a refund will be given.

Fee or Recommended Donation Quoted (see attached sheet) _____

Deposits (see attached sheet) _____

Balance Due _____

Last Day to Pay Balance* _____

***Unpaid balances after this date constitute cancellation of event (Refunds returned).**