

**OFFICE USE ONLY**

**Deposit Information**

Deposit \$ \_\_\_\_\_  
 Paid Check # \_\_\_\_\_ Date \_\_\_\_\_  
 Balance due \$ \_\_\_\_\_  
 Paid Check # \_\_\_\_\_ Date \_\_\_\_\_

**Event Information**

Date \_\_\_\_\_ Time \_\_\_\_\_  
 Room(s) assigned \_\_\_\_\_  
 Setup contacted  yes  n/a  
 Equipment needed \_\_\_\_\_

Key issued  yes  no  
 Opener \_\_\_\_\_  
 Closer \_\_\_\_\_

**SCHEDULING REQUEST FORM FOR BUILDING/ROOM USE**

Orchard United Methodist Church  
 30450 Farmington Road, Farmington Hills, MI 48334  
 Phone: (248) 626-3620 Fax: (248) 626-6836 Email: info@orchardumc.org

**CONTACT INFORMATION**

Name _____		
Address _____		
Phone _____	Cell Phone _____	Email _____

**SCHEDULING INFORMATION**

Group/Committee Requesting Reservation _____	Event Name (add a brief description) _____
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**Type of event, group size/composition, and room availability will determine room selection.  
 Office will advise of room/location before date of event.**

<b>Type of Event</b> (check all that apply): Church Function _____ Non-church function _____ Member _____ Non-Member _____ Recreational _____	<b>Approximate number of people attending:</b> _____ adults _____ youth (12-18) _____ children (under 12)
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<b>Date(s) Requested</b>  <b>Single use:</b> Day: _____ Date: _____ -or- <b>Recurring use:</b> Day: _____  <b>Start Date:</b> _____ <b>to End Date:</b> _____  <b>Frequency</b> (circle one): weekly monthly If other, please specify: _____	<b>Time of Event:</b> _____ am/pm to _____ am/pm  <b>Setup start time</b> _____ am/pm  <b>Clean-up completion time</b> _____ am/pm
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**SETUP REQUIREMENTS**

<b>Furniture</b> (provide room layout on separate sheet):  # of: Chairs _____ 6 ft. tables _____ 8 ft. tables _____ Round tables _____ Conference tables _____ Music stand _____ Podium _____ Other _____	<b>Equipment</b> (additional charge may apply)  TV/VCR/DVD _____ Easel _____ Overhead Projector _____ Dry Erase Board _____ Screen _____ Volleyball nets _____ Sound System _____ Floor nets _____  <b>Food Service</b> (restrictions may apply; building policy available for review):  Need coffee setup* _____ Need water pitchers _____ Will have a snack _____ Will bring in prepared food _____ Will use parlor kitchenette _____ Will use MAC kitchen* _____
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\*additional charge may apply

**Continued on reverse side**

## USE OF MINISTRY ACTIVITY CENTER (MAC) STAGE

*Use of the MAC stage for productions, rehearsals, construction of sets, painting of flats, storage of sets and props, etc., requires additional approval by the Stage Supervisor before use is permitted. Stage Supervisor will contact you with any instructions or questions.*

**Brief description of required stage use:**

Approved by: \_\_\_\_\_  
Stage Supervisor

Date: \_\_\_\_\_

## ADDITIONAL NOTES:

Any organization which fails to live up to the regulations contained in the attached written policies for the use of the facilities and equipment of Orchard United Methodist Church will forfeit the privilege of future use of church facilities. Organizations shall agree to indemnify and hold harmless and defend Orchard United Methodist Church from any injuries to anyone arising out of their use of the facilities and equipment.

The undersigned person or group representative agrees to hold the requesting organization responsible to the attached written policies for the use of the facilities and equipment of Orchard United Methodist Church.

**Group/Organization Name:** \_\_\_\_\_

By: \_\_\_\_\_  
(Group's Authorized Representative)

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_  
(Church Representative)

Date: \_\_\_\_\_