

OFFICE USE ONLY

Deposit Information

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

Event Information

Date _____ Time _____
 Room(s) assigned _____
 MAC Kitchen yes no
 Kitchen Facilitator notified on _____
 Setup contacted yes n/a

Equipment needed _____
 Key issued yes no
 Opener _____
 Closer _____

CHURCH CALENDAR / EVENT INFORMATION FORM

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

CONTACT INFORMATION

Name _____

Address _____

Phone _____	Cell Phone _____	Email _____
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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.***

<p>Type of Event (check all that apply):</p> <p><input type="checkbox"/> Church function <input type="checkbox"/> Non-church function <input type="checkbox"/> Member <input type="checkbox"/> Non-Member _____ <input type="checkbox"/> Recreational <input type="checkbox"/> Off-premises function*</p> <p><small>*please complete "Additional Notes" section on back of form</small></p>	<p>Approximate number of people attending:</p> <p>_____ adults _____ youth (12-18) _____ children (under 12)</p>
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<p>Date(s) Requested</p> <p>Single use: Day: _____ Date: _____</p> <p>-or-</p> <p>Recurring use: Day: _____</p> <p>Start Date: _____ to End Date: _____</p> <p>Frequency (circle one): weekly monthly If other, please specify: _____</p>	<p>Time of Event: _____ am/pm to _____ am/pm</p> <p>If room in church building required:</p> <p>Setup start time _____ am/pm</p> <p>Clean-up completion time _____ am/pm</p>
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SETUP REQUIREMENTS

<p>Furniture (provide room layout on separate sheet):</p> <p># of: Chairs _____ 6 ft. tables _____ 8 ft. tables _____</p> <p>Round tables _____ Conference tables _____</p> <p>Music stand _____ Podium _____ Other (details on other side)</p> <p>Equipment (additional charge may apply)</p> <p><input type="checkbox"/> TV/DVD <input type="checkbox"/> Easel(s) _____ <input type="checkbox"/> Dry Erase Board <input type="checkbox"/> Volleyball nets <input type="checkbox"/> Screen <input type="checkbox"/> Floor nets <input type="checkbox"/> Sound System*</p>	<p>Food Service (restrictions may apply; building policy available for review):</p> <p><input type="checkbox"/> Need coffee setup[†] <input type="checkbox"/> Will bring in prepared food <input type="checkbox"/> Will need to use parlor kitchenette <input type="checkbox"/> Will need MAC kitchen[†] for: <input type="checkbox"/> supplies <input type="checkbox"/> equipment <input type="checkbox"/> food prep <input type="checkbox"/> other</p> <p><i>(NOTE: Use of the MAC Kitchen requires additional information on the reverse side of this sheet. The Kitchen Facilitator must be contacted before such use is scheduled.)</i></p> <p align="right">[†]additional charges may apply</p>
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USE OF MINISTRY ACTIVITY CENTER (MAC) KITCHEN

Use of the MAC Kitchen for any purpose requires additional approval by the Kitchen Facilitator before use is permitted. Such use may require training by the Kitchen Facilitator prior to the date of the event. Kitchen Facilitator will contact you with any instructions or questions.

Approved by: _____
Kitchen Facilitator

Date: _____

Indicate required kitchen needs/use:

PANTRY SUPPLIES*	EQUIPMENT	FOOD PREPARATION
<p>Dishes</p> <p><input type="checkbox"/> Dinner plates <input type="checkbox"/> Dessert plates <input type="checkbox"/> Bowls</p> <p>Napkins</p> <p><input type="checkbox"/> Dinner <input type="checkbox"/> Beverage</p> <p>Plasticware</p> <p><input type="checkbox"/> Forks <input type="checkbox"/> Knives <input type="checkbox"/> Spoons</p> <p>Plastic/Paper Cups</p> <p><input type="checkbox"/> Cold drink, large <input type="checkbox"/> Cold drink, small <input type="checkbox"/> Hot drink</p> <p>Table Covers <i>(each event to supply their own table covers)</i></p> <p>Other</p> <p><input type="checkbox"/> Sugar/creamer <input type="checkbox"/> Salt/pepper</p>	<p>Serving Supplies</p> <p><input type="checkbox"/> Water pitchers _____ <input type="checkbox"/> Coffee carafes _____ <input type="checkbox"/> Serving bowls _____ <input type="checkbox"/> Utensils _____</p> <p>Dishes</p> <p><input type="checkbox"/> Dinner plates <input type="checkbox"/> Dessert plates <input type="checkbox"/> Bowls</p> <p>Flatware</p> <p><input type="checkbox"/> Forks <input type="checkbox"/> Knives <input type="checkbox"/> Spoons</p> <p>Glasses/Cups</p> <p><input type="checkbox"/> Drink <input type="checkbox"/> Coffee</p> <p>Other _____</p>	<p><input type="checkbox"/> Coffee pots <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Stove <input type="checkbox"/> Oven(s) <input type="checkbox"/> Hot box(es) <input type="checkbox"/> Cookware</p> <p>OTHER</p> <p><input type="checkbox"/> In-house caterer <i>(will handle all details with Kitchen Facilitator)</i></p> <p><input type="checkbox"/> Outside caterer <i>(must coordinate use of MAC Kitchen with Kitchen Facilitator)</i></p> <p><input type="checkbox"/> bring in prepared food <input type="checkbox"/> will prepare food</p> <p>Caterer Contact Information</p> <p>Name _____ Phone _____</p>

* for church events only

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: _____

Date: _____

ADDITIONAL NOTES (Use this section to add details for off-premises functions, i.e., place, address, carpool time, etc., for publication purposes. Attach an additional sheet, if necessary.):

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 written policies (building policies available for review, supplied per event need) 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: _____