



St. Luke's Room Reservation Form
Church Ministry Events
Please submit this form 2 weeks prior to event
to St. Luke's Hospitality Coordinator
 email - terrie.witty@stlukesumc.org
 phone - 901-452-6262 fax - 901-452-6264

Name of Event/Meeting: _____

Day and Date: _____ Time: _____ to _____ Access time: _____

Recurring event: Weekly ___ Monthly ___ Other: _____

Number of expected attendance: _____

Location Requested for Event:

- | | |
|--------------------------------|----------------------|
| ___ Fellowship Hall | ___ Greenspace |
| ___ Sanctuary | ___ Courtyard |
| ___ Chapel | ___ Hospitality Hall |
| ___ Parlor | ___ Lounge |
| ___ CLC Rm# _____ | ___ Gym |
| ___ Main Bldg. Rm# _____ | |
| ___ Children's Bldg. Rm# _____ | |

Equipment needed for Event:

- | | |
|---------------------------|-----------------|
| ___ # of tables | ___ # of chairs |
| ___ podium | ___ microphone |
| ___ projector | ___ screen |
| ___ DVD player | ___ TV |
| ___ Portable sound system | |
| ___ Other: | |

Please use the back of this form to show a diagram of the room set-up.

Transportation needs: ___ Bus ___ Bus driver

Other Needs: ___ Coffee/Water ___ Nursery ages 6 wks to 6 yrs (# children expected _____)
 ___ FH Kitchen ___ Parlor Kitchen ___ CLC Kitchen ___ Youth Kitchen
(fill out and attach the separate Kitchen/food service request form)

Request made by:

Name: _____ Group: _____

Land Phone: _____ Cell Phone: _____

email: _____

I agree to use the assigned St Luke's UMC Facility in accordance with current policies and maintain the order of the space used. I assume full responsibility for any damages and/or losses incurred during use and release St Luke's UMC from any injuries that may occur during the use of the facility. Failure to abide by policies will result in termination of building use privileges.

Signed: _____ Date: _____

Distribution:
 ___ Calender ___ Facilities ___ Transportation ___ Kitchen ___ Nursery ___ Financial