

WCUMC Reservation Request

Church Office: (704) 664-3680 Fax: (704) 664-0939

Room(s)

Date _____ Reservation time from _____ to _____
Day Date

Other Dates _____ Event time from _____ to _____

Room(s) requested _____

Note: Rooms must be returned to their proper arrangement for use by other groups and ministries.

Equipment

Van

Pickup date _____ Pickup time _____
Day Date

Return date _____ Return time _____
Day Date

Driver name _____ *Drivers License # _____
(Ex: NC 0000000)

****Drivers must be listed for church insurance purposes. A van insurance form must be completed by all new drivers. These forms are available in the church office. This information is needed at least one week in advance of the event.***

Group Making Request _____

Name of the Event _____

Your Name _____ Date _____ Telephone _____

For Church Office use only:

Approved by: _____ Date: _____

Deposit Amount: _____ Balance Due: _____ Balance Paid: _____