

# REQUEST FORM FACILITY USE

Revised 27 July 2009

TRINITY UNITED METHODIST CHURCH  
8009 Q Street  
Ralston, NE 68127  
[402] 331-4054  
[info@trinityralston.org](mailto:info@trinityralston.org)

Facility Area to be used Please circle :  
Community Center       Showers  
kitchen,                       gathering place  
parlor                               Fellowship Hall      other \_\_\_\_\_

Today's date \_\_\_\_/\_\_\_\_/20\_\_\_\_

\*\*\*\*\* All Trinity United Methodist Property and Facilities are Drug, Alcohol, and Smoke Free.\*\*\*\*\*

Event \_\_\_\_\_

Event Date \_\_\_\_\_ Times: \_\_\_\_\_ am/pm -- \_\_\_\_\_ am/pm

Set up Date \_\_\_\_\_ Times: \_\_\_\_\_ am/pm -- \_\_\_\_\_ am/pm

Event contact person \_\_\_\_\_ phone# \_\_\_\_\_ cell \_\_\_\_\_

Mailing address: \_\_\_\_\_

Number of people attending \_\_\_\_\_ [Children/Youth \_\_\_\_ Adults \_\_\_\_] \_\_\_\_\_ Handicapped Entrance and Restrooms Needed

\_\_\_\_ # of round tables needed (7 chairs per table) \_\_\_\_ # of serving tables (rectangle) needed

\_\_\_\_ Sign in table      Other Set-up instructions: \_\_\_\_\_

Food: \_\_\_\_ Full Meal \_\_\_\_ Dessert Refreshments \_\_\_\_ Beverages only \_\_\_\_ No Food

\_\_\_\_ Self Catered \_\_\_\_ UMW Catered      \_\_\_\_ Professionally Catered By Whom? \_\_\_\_\_

\_\_\_\_ Prepared in the kitchen \_\_\_\_ Ready to serve

Dishware: \_\_\_\_ Use church's tableware (fee) \_\_\_\_ provide own

\_\_\_\_ United Methodist Women will serve \_\_\_\_ UMW serving dishes will be used

Equipment needed: \_\_\_\_ Media Projector; \_\_\_\_ Screen; \_\_\_\_ Podium; \_\_\_\_ Wireless Internet; \_\_\_\_ Sound System and technician (fee) #mics \_\_\_\_

\_\_\_\_ Television with DVD player

\_\_\_\_ Basketball hoops & balls- Basketball hoops up \_\_\_\_ / \_\_\_\_ down

\_\_\_\_ Volleyball net & balls-setup

Other needs: \_\_\_\_\_

All FEES must be paid at least one week prior to event.  
Your Deposit Fee\* will reserve your event on our facility Use Calendar.

**Signature** of person making this request: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Damage Deposit:** In addition to Building Use Fee, a damage deposit will be charged.  
This deposit will be returned within 30 days after event if no damage to facility is incurred.

DEPOSIT \$ \_\_\_\_\_ MADE BY \_\_\_\_\_ DATE \_\_\_\_\_  
(circle) Check Cash

DEPOSIT RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

**DEPOSIT RETURNED: YES NO PART AMOUNT \$ \_\_\_\_\_ DATE RETURNED \_\_\_\_\_**

If deposit is not returned in full, why not?  
  
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Entered on Church Calendar \_\_\_\_\_ **\* TOTAL RENTAL FEES DUE : \$ \_\_\_\_\_**

Date Custodian notified \_\_\_\_\_ **DATE PAID: \_\_\_\_\_ CASH CK# \_\_\_\_\_**

Date Insurance Policy Received \_\_\_\_\_] **Keys given:**  
[required for Sports Event]

Paperwork completed \_\_\_\_\_ **Keys returned \_\_\_\_\_**

\_\_\_\_\_ **Trinity UMC event;** \_\_\_\_\_ **Non-Profit event;** \_\_\_\_\_ **Member event;** \_\_\_\_\_ **Non-member event**