

**First United Methodist Church**  
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# EVENT SET-UP REQUEST

Requestor Name _____		FUMC _____	Other Organization _____	
Request Date _____	Phone _____	Fax _____	Email Address _____	
Date of Event _____	Access NLT Time _____	Event Start Time _____	End Time _____	
Type of Event _____			# People Attending _____	
Rooms Needed	<input type="checkbox"/> Social Hall	<input type="checkbox"/> Sanctuary	<input type="checkbox"/> Parlor	<input type="checkbox"/> Choir Room
	<input type="checkbox"/> Wesley	<input type="checkbox"/> Epworth	<input type="checkbox"/> Nursery	<input type="checkbox"/> Basement
			<input type="checkbox"/> Playground	<input type="checkbox"/> Sheffield-Wooten
Food Requirements	<input type="checkbox"/> Bringing Refreshments	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Catered Meal	<input type="checkbox"/> Meal Cooked at the Church
FUMC Provided	<input type="checkbox"/> Water	<input type="checkbox"/> Tea	<input type="checkbox"/> Regular Coffee	<input type="checkbox"/> Decaf Coffee
Costs Reimbursable ? Yes _____ No _____		Plans for Building Unlock / Lock _____		
Furnishings Requested	<input type="checkbox"/> 8' Tables # _____	<input type="checkbox"/> Chairs # _____		
	<input type="checkbox"/> Head Table with # _____ Chairs	<input type="checkbox"/> Stage		
	<input type="checkbox"/> Other _____			
Audio Visuals Requested:	<input type="checkbox"/> TV with DVD/VCR	<input type="checkbox"/> LCD Projector	<input type="checkbox"/> Projector Screen	
	<input type="checkbox"/> PowerPoint and/or Internet Presentation		<input type="checkbox"/> Podium	
	<input type="checkbox"/> Microphone on Stand # _____	<input type="checkbox"/> Piano		
	<input type="checkbox"/> Sound Tech			
Room Setup Details:	_____			
	_____			
	_____			

## FUMC Action

Date Received _____	Number _____	Approved by _____	Date Approved _____
Calendar Updated _____	Estimated Staff Time _____	Estimated Materials / Cost _____	
Completed By _____	Date _____	Actual Staff Time _____	Actual Costs _____
Reimbursement Details:	_____		
	_____		