Broomfield United Methodist Church

545 W. 10TH AVENUE
BROOMFIELD, CO 80020
PH: 303-466-1719
FX: 303-466-2068

BUILDING SCHEDULING FORM

EVENT: _____

GENERAL INFORMATION:

TODAY'S DATE: _____

CONTACT NAME: _____ **STAFF CONTACT:** _____

ADDRESS: _____ **STATE:** _____ **ZIP:** _____

PHONE #: _____ **MEMBER:** YES NO **MEMBER #:** _____

CELL PHONE #: _____ **EMAIL:** _____

DATES:

DESIRED DATE(S):		ALTERNATE DATE(S):		# EXPECTED:
DATE START:		DATE START:		
DATE END:		DATE END:		
DAY OF WEEK:		DAY OF WEEK:		

LOGISTICS:

ROOM(S)		TIMES:		KITCHEN:	YES NO
1ST CHOICE:		SETUP START:	AM PM	NURSERY:	YES NO
		EVENT START:	AM PM	SOUND:	YES NO
2ND CHOICE:		EVENT END:	AM PM	LIGHTING:	YES NO
		CLEANUP END:	AM PM	KEY:	YES NO

CHAIR TYPE:		CHAIR #:		TABLE TYPE:		TABLE #:	
EQUIPMENT:							
COMMENTS:							
BULLETIN:	YES NO	CALENDAR:	YES NO	CALENDAR TITLE:			

OFF CAMPUS LOCATION:

ADDRESS: _____ **STATE:** _____ **ZIP:** _____

PHONE #: _____ **TRANSPORTATION:** YES NO

CHURCH OFFICE USE ONLY

ROOM ASSIGNED	ARRANGEMENT	FEE/HR	HOURS	EXTENDED		
		$		$		
		$		$		
		$		$		
		$		$		
		$		$		
		$		$	TOTAL	$

DATE APPROVED:	APPROVED BY:	KEY #:	KEY ISSUED TO:

DEPOSIT AMOUNT:	$	DEPOSIT DATE:		CHECK #:	
BALANCE DUE DATE:		BALANCE DUE $:	$	INVOICE #:	
BALANCE PAID DATE:		CHECK #:			