

ALL REQUEST MUST BE MADE 14 DAYS IN ADVANCE TO BE REVIEWED AND CONSIDERED



**St. George's UMC
GENERAL ACTIVITY REQUEST**



PLEASE CIRCLE CHOICES THAT APPLY

INITIAL REQUEST

UPDATE TO REQUEST

CANCELLATION REQUEST

Name of Activity/Event/Organization _____

Number of People Expected: _____ Purpose of Event: _____

Date(s) Requested: _____

Check Event Day(s) requested: MON TUE WED THUR FRI SAT SUN

Frequency: ONE TIME WEEKLY BI-WEEKLY MONTHLY OTHER

Explain Other: _____

Event Enter/Leave times including setup and clean up: Enter time: _____ am/pm Leave time: _____ am/pm

Posted Start/Stop times to be added to Public Calendar: Start time: _____ am/pm Stop time: _____ am/pm

Circle Rooms Desired:

Upstairs:	Sanctuary	Downstairs:	Jr. High Room	Other area not listed:
	Entry Hall (Narthex)		Sr. High Room	
	Fellowship Hall		Preschool Area	
	Wesley Room		Room 106	
	Music Room	Outside:	Upper Parking Lot	
	Room 202		Lower Parking Lot	
	Room 204		Playground	
	Room 205		Nature Trail	
	Kitchen			

Name of certified Kitchen manager if cooking: _____

Contact Name: _____ Contact phone: _____ Contact email: _____

Requested by: _____ Requested by (sign): _____

Do you require a key for building access? Yes No *If yes, please submit a building usage request*

FOR OFFICE USE ONLY: Building request attached

Authorized by: _____ Pastor Signature: _____

Date request received: _____ Scheduled (initial): _____ Confirmed (initial): _____ Added to calendar (initial): _____

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