

UUGC FUNCTION/MEMBER FACILITY RESERVATION REQUEST/MAINTENANCE OR ACTIVITY NOTICE

(NOT A RENTAL AGREEMENT—IF MEMBER FUNCTION AND ALCOHOL SERVED; INSURANCE AND HOLD HARMLESS AGREEMENT MUST BE SIGNED)

PLEASE RETURN THE COMPLETED FORM(S) TO THE OFFICE ADMINISTRATOR'S BOX OR OFFICE@UUCORVALLS.ORG

1. Today's date: _____

2. Person making the request:

Your name _____

Your e-mail _____

Your phone _____

3. Title or description of activity/meeting

4. What is the day and date of the activity/meeting?
(Or, if recurring, when is the first meeting day & date?)

Day _____ Date _____

5. When are you scheduling this activity/meeting?
(if no set-up or clean up say N/A—half hour increments please—thanks)

begin session at _____ begin set-up at _____

end session at _____ end cleanup at _____

FOR RECURRING MEETINGS

Check Season(s)

- Fall/ Winter (Sep-Dec)
- Winter/Spring (Jan-May)
- Church Year (Sep-May or Jun)
- Summer (Jun-Aug)

Note:

Reservations may be made for the entire Church Year (Fall/Winter—Winter/Spring are included in the Church Year) or for the entire Summer. Not for both.

Please re-assess for Summer or Church Year sessions and re-apply. Thank you.

A. This activity meets **WEEKLY** on (days of week)
Sun Mon Tue Wed Thu Fri Sat

B. This activity meets **MONTHLY** on ...
 (weeks of the month/days of the week)

Weeks: 1st 2nd 3rd 4th 5th

Days: Sun Mon Tue Wed Thu Fri Sat

C. This recurring meeting will end

On this date _____
 (no forever or indefinite meetings please)

D. This recurring meeting will meet weekly or monthly
EXCEPT FOR THE FOLLOWING DATES:

What room(s) do you want to use? Please check the appropriate boxes below.

Are you offering childcare—did you reserve a room for it?

RE Rooms (including the Library) are not available until a half hour after Sunday Services.

Sanctuary/Fellowship Hall		(Rooms 4/5 Infant/Toddler)	Dr. Seuss/Beatrix Potter			
Gallery		*Room 6A	*Room 6B	Room 6C		
Social Hall		*(Rooms 6ABC 3-part room) PT Barnum 3 Ring Circus				
**Kitchen		(Room 7 downstairs-soft chairs/couches) Ralph Waldo Emerson				
Social Hall Deck		(Room 8 downstairs-tables) Susan B. Anthony				
Rita McDonald Library		**RE Kitchen				
Other Space OR Off Site Specify Below		(Room 9 upstairs-soft chairs/couches) Clara Barton				
		(Room 10 upstairs-tables) Christopher Reeve				
		Mezzanine (upstairs between Rooms 9 & 10)				

Equipment Use/Maintenance—must pre-arrange (If maintenance please describe below & list rooms)	Maintenance <small>Check Rooms Above</small>		TV/DVD Player		Computer Projector
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Comments or Description of Activity:

Will alcohol be served? Y_____N_____ (If yes insurance and Hold Harmless agreement may be needed.)

If a committee, is this meeting open to only committee members (and therefore closed to others)?

Do you want this (these) meeting(s) listed in the announcements or newsletter?

If Yes, please send me the information to office@uucorvallis.org, thanks, Yaney.

Will you need a key? Y _____ N _____ Key Number _____ Issue Date _____ Return Date _____

Signature of UUGC member responsible _____ Date _____

Please note: Cleaning fees will apply if facilities are not left in good condition. Thank you for keeping the Fellowship in good order!

**Room 6A and 6B not available during the day on weekdays, special conditions apply at all times.*

****If using the kitchens, who is responsible for dishwashing and clean up? Please list _____ thank you.**