

UUFC MEMBER FACILITY RESERVATION REQUEST/ACTIVITY NOTICE

(NOT FOR RENTALS)

PLEASE RETURN THE COMPLETED FORM(S) TO THE OFFICE ADMINISTRATOR'S BOX.

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?

begin set-up at _____ begin session at _____

end cleanup at _____ end session at _____

FOR RECURRING MEETINGS

Reservations may be made for the entire school year.

Check Season(s)

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

Please re-assess for Summer session and re-apply. Then don't forget to re-apply in the fall for your recurring meetings.

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 meeting will end

1) after _____ occurrences

or 2) on this date _____

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.

<input type="checkbox"/>	Sanctuary	<input type="checkbox"/>	Inf/Tod (childcare for ages 0-3 yrs)
<input type="checkbox"/>	Gallery	<input type="checkbox"/>	Rm 6c (childcare for ages 4 and up)
<input type="checkbox"/>	Social Hall	<input type="checkbox"/>	Rm 6abc (3-part room)
<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	Rm 1 (office/meeting room)
<input type="checkbox"/>	Minister's Office	<input type="checkbox"/>	Rm 7 (couches)
<input type="checkbox"/>	Library	<input type="checkbox"/>	Rm 8
<input type="checkbox"/>	Other Space OR Off Site Specify Below	<input type="checkbox"/>	Rm 9 (upstairs, soft chairs)
<input type="checkbox"/>		<input type="checkbox"/>	Rm 10 (upstairs, tables)

Equipment Use: TV/DVD Player Computer Projector (is locked in the Office)

Comments or Description of Activity:

If a committee, is this meeting open to only committee members Y___ N___

Do you want this (these) meeting(s) listed in the announcements/newsletter Y___ N___

If Yes and you have special information, please do send me the information—thanks Yaney

Will you need a key? Y___ N___ Key Number _____ Issue Date _____ Return Date _____

Signature of UUFC 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!