BUILDING USE REQUEST

North Broadway United Methodist Church 48 E. North Broadway – Columbus OH 43214 Phone 614-268-8626 Fax 614-268-2115 www.north-broadway.org (calendar available online)

For Staff Use	
Date of Event	Room assigned
Copy to:Set up S Other	taffKitchen Committee

Please submit to Terese Loudner at least 3 weeks prior to event

Event	Date of request
Your Phone	Your e-mail
Your group or orga	ization
Single Event: Date	
Setup Time	Event Time (begin) until (end)
Regularly Schedule	Event: Day Weekly Monthly Date it ends
How many people v	vill attend?
What room/type of	space are you requesting?
	t you will require. Resources not requested on this form may not be available. If you have a ease verify their needs in advance.
Tables	(indicate quantity)roundrectangular
Chairs	how many?
rooms, please prov	the back of this sheet how you would like tables and chairs arranged; if requesting multiple de a diagram for each space you will be using. Dijector (Please bring your own laptop) Sound for Media ProjectorEasel(s)
	ne for speakerPodium for speaker TV/DVD player
	ccess (limited availability, must arrange in advance)
	- · · · · · · · · · · · · · · · · · · ·
Do you need to arra	nge for child care?YesNo All Child care must meet North Broadway's Safe ents Maybe additional cost.
Are you serving foc	d?YesNo Beverages?YesNo
If yes, is it	Catered ?Potluck?to be prepared by NBC Kitchen Committee?
Do you require use	of a kitchen?YesNo
Is this a fundraiser?	Yes No If yes, what are the funds being used for?
_	ee to the attached Building Usage Guidelines: Date:
	Paid by Date paid