

Today's Date: \_\_\_\_\_



### EVENT REQUEST & COMMUNICATION FORM

Date of Event: \_\_\_\_\_

Event Set Up: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Event Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Facilities Requested: (*Check if needed*)

FLC: ( ) Great Hall ( ) Kitchen ( ) Classroom # \_\_\_\_\_

Main Building: ( ) Sanctuary ( ) Fellowship Hall ( ) Kitchen ( ) Dry Kitchen ( ) Classroom # \_\_\_\_\_

Outside: ( ) Courtyard ( ) Pumpkin Patch ( ) North Field ( ) Church Parking Lot ( ) South Parking Lot

Other Requirements: (*Check if needed*)

Technician: ( ) Sound ( ) Video ( ) Lights

Child Care: How many children/ages \_\_\_\_\_

Tables: How many \_\_\_\_\_ ( ) Chairs: How many \_\_\_\_\_

Submit a brief description of your event.

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*Will you have a sign-up for this event? ( ) Yes ( ) No*

*Sign-ups are the responsibility of the Contact Person*

**For Office Use Only**

**Dates for Communications:**

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**Communication Venues:**

**Newsletter**

**Slide**

**Verbal Announcement**

**Social Media**

**Facebook Event**

**Website**

**Digital Sign**

**Support Staff Contacted:**

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