

7/2/13

Today's date \_\_\_\_\_

**ST. MARK'S UNITED METHODIST CHURCH**  
**Confirmation and Release Form**

By signing this form, I declare that I have read and agree to uphold the facilities and equipment policies of St. Mark's United Methodist Church. The members of my group and I will not hold the church responsible for personal injury or personal property damage.

\_\_\_\_\_  
(Name of Group)

\_\_\_\_\_  
(Time & Date Requested For Use)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(phone)

\_\_\_\_\_  
(email)

\_\_\_\_\_  
(Staff name & Approval/Date)

Table and chair set up notes or special instructions:

7/2/13

Today's date \_\_\_\_\_

**ST. MARK'S UNITED METHODIST CHURCH**  
**Room Reservation**

Name of activity \_\_\_\_\_

- Single event
- Regularly scheduled program

Date(s) of function \_\_\_\_\_ From (am/pm) \_\_\_\_\_ To (am/pm) \_\_\_\_\_

Room(s) requested \_\_\_\_\_

Name of group \_\_\_\_\_

Number of people expected \_\_\_\_\_

Contact person \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Person responsible for building security if event is held when the facility is not normally open

Name \_\_\_\_\_ Phone \_\_\_\_\_

Accountable church member if event is sponsored by a non-related organization:

Signature of member \_\_\_\_\_

Supervising adults (if children or youth are included in activities).

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

- Nursery care needed — Number and age of children \_\_\_\_\_
- Equipment needed \_\_\_\_\_
- Food or refreshments served \_\_\_\_\_
- Custodial help requested \_\_\_\_\_

**Please refer to the Facility Use Policy for guidelines and fees on all categories above**

Diagram of room set up if custodial help is requested: