

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 Staff

_____ Kitchen Committee _____ Child Care

_____ Other _____

Please submit to Terese Loudner at least 1 week prior to event

Event _____

Your Name _____

Your Phone _____ Your e-mail _____ Date of request _____

Your group or organization _____

Single Event: Date _____ Time (begin) _____ until (end) _____

Regularly Scheduled Event: Day _____ Time (begin) _____ until (end) _____

Beginning date to place on calendar _____ Ending date to discontinue on calendar _____

How many people will attend? _____

What room/type of space are you requesting? _____

Please check all that you will require. Resources not requested on this form may not be available. If you have a guest presenter, please verify their needs in advance.

_____ Tables (indicate quantity) _____ round _____ rectangular

_____ Chairs how many? _____

Please diagram on the back of this sheet how you would like tables and chairs arranged; if requesting multiple rooms, please provide a diagram for each space you will be using.

_____ Media Projector (Please bring your own laptop) _____ Sound for Media Projector

_____ Microphone for speaker _____ Podium for speaker

_____ DVD player _____ VCR _____ CD Player

_____ Flip Chart and Markers _____ Dry Erase Pens/Eraser _____ Easel(s)

_____ Internet Access (limited availability, must arrange in advance)

Other requests _____

Do you need to arrange for child care? _____ Yes _____ No

All Child care must meet North Broadway's Safe Sanctuary Requirements

Are you serving food? _____ Yes _____ No Beverages? _____ Yes _____ No

If yes, is it _____ Catered ? _____ Potluck? _____ to be prepared by NBC Kitchen Committee?

Do you require use of a kitchen? _____ Yes _____ No

I have read and agree to the attached Building Usage Guidelines:

Signature: _____

Date: _____