

# SET UP FORM

## FOR MINISTRY RELATED EVENTS

**First United Methodist Church | 72 Lake Morton Drive | Lakeland, FL 33801**

Date Form Submitted: \_\_\_\_\_ This replaces a previously submitted form:

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

EVENT Day / Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

SET UP Day / Date: \_\_\_\_\_ Set up Time: \_\_\_\_\_  
*Please write N/A if not applicable*

Is this a Recurring Event?  YES  NO      Recurring:  daily  weekly  monthly

If yes, estimated date of last event: \_\_\_\_\_ If known, list any **exceptions to event dates**

**or times:** \_\_\_\_\_

Room requested: \_\_\_\_\_ Estimated Number to Attend: \_\_\_\_\_

Sponsoring Group: \_\_\_\_\_ Department: \_\_\_\_\_

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

**Please answer ALL questions:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Will you use the room's regular set up?      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Will you need custodial support to clean up? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Will you need food services?                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, have you contacted our Food Manager?    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

*Mike Stasiak, (863-221-1809)*

**Kitchen | Mark ALL Applicable**

<input type="checkbox"/> Paper / Plastic Plates	<input type="checkbox"/> China setting	<input type="checkbox"/> Coffee
<input type="checkbox"/> Plastic forks / knives / spoons	<input type="checkbox"/> Silverware	<input type="checkbox"/> Iced Tea
<input type="checkbox"/> Paper / Styrofoam Cups	<input type="checkbox"/> Tablecloths ( <i>\$ 7ea w/no food svc</i> )	<input type="checkbox"/> Water
<input type="checkbox"/> Napkins	<input type="checkbox"/> Cream / Sugar	<input type="checkbox"/> Other Beverage:
<input type="checkbox"/> Placemats	<input type="checkbox"/> Salt / Pepper	

**Audio, Video & Visual Aids | Mark ALL Applicable**

*It is important that requesting person contact Scott Brooks (863-327-5052) for specific sound needs 10 days prior to event.*

<b>AUDIO</b>	<b>VIDEO &amp; VISUAL AIDS</b>	<input type="checkbox"/> Easel
<input type="checkbox"/> Sound System	<input type="checkbox"/> TV	<input type="checkbox"/> Flip Chart
<input type="checkbox"/> Mics # _____	<input type="checkbox"/> DVD	<input type="checkbox"/> PowerPoint
Need Sound Tech for:	<input type="checkbox"/> VCR	<input type="checkbox"/> ProPresenter (MAC) (FC Only)
<input type="checkbox"/> Rehearsal (Date/Time)	<input type="checkbox"/> Video Projector	<input type="checkbox"/> Video Screen
<input type="checkbox"/> Event	<input type="checkbox"/> Computer PC or MAC <small>(Circle One)</small>	<input type="checkbox"/> Other:

**\*\*\* COMPLETE REVERSE SIDE, PLEASE \*\*\***

**Please make sure you read all:**

- 1. Custodial costs are based upon the number in attendance and time provided.
- 2. Facilities set up sheet must be received at least 10 days prior to event.

**Please outline room arrangement only if it is other than room's standard set up:**

There is no fee for room usage for members and First UMC related groups, but **there may be personnel and food costs incurred. Bill will be issued within 30 days of event.** For more information about costs, please contact the Church Finance office. (Heather Hansen or Harriet Mayes).

Signature of Requesting Person: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Best Phone Number \_\_\_\_\_

Signature of Staff Liaison: \_\_\_\_\_ Date: \_\_\_\_\_

**For Finance Office Use Only**

Personnel:	Food:	Other:	Total
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