

Simpson United Methodist Church

6001 Wolff Street, Arvada, CO 80003 Office: 303-428-7963 / Fax: 303-427-1577 Email: simpsonumc@comcast.net

CHURCH USE PROCEDURES

Note: All person(s), organizations, groups, etc. must complete this form prior to use the facility. Please print and provide the following information clearly.

Date Submitted:	
Responsible person will be	Phone:
Contact Person:	Phone:
Name of the Event:	
Date of Use:	
Area of Use (what rooms):	
# of Tables:# of Chairs	
Audio and Video	
# of Mics: Music format (CD, USB, Phon	ne, etc.):
Setup Start Time:Event Start Tim	e:
Event End Time:Clean up End T	ime:
Additional Information:	
Total Fees: \$	
To be completed by Simpson:	
Request Approved by:	Date:
Person to Open:	Phone #:
Person to Close:	
Recorded on Calendar Cash Che	eck Date Received: