

Event/Group Reservation Form

Please fill out, download, and attach to an email to dprescott@fumcwg.org

TODAY'S DATE:	EVENT DATE:		(Weekly/Monthly-see below)	
NAME OF GROUP/EVENT				
ORGANIZATION		ROOM	1(S) REQUE	STED
CONTACT PERSON			PHONE _	
EMAIL				
PERSON ON SITE FOR EVENT			PHONE	
START TIME	AM/PM	END TIME		AM/PM
SET UP BEGINS	AM/PM	CLEAN UP	ENDS	AM/PM
THIS EVENT IS A ONE-TIME	ON-GOIN	NG		(ie Monthly 1st Tuesday)
EXPECTED ATTENDANCE		_		
DESCRIBE THE PROGRAM:				
By signing below I agree that our grou and UMC Covid policies, specifically re records for contact tracing. Should event(s) on site, I will contact	elated to we	earing masks aware of a C	s, social dis OVID posit	tancing, and attendance ive case linked to our
SIGNATURE			DATE:	
Type you				
Your Event will not be added to the ca or regular mail. Please a				
FOR OFFICE USE ONLY (REVISED 03/21	/23)			
RECEIVED BY		DATE R	ECEIVED _	
APPROVED BY		DATE A	PPROVED	

Rev. Melissa M. Stump, Senior Pastor

A community worshiping God, welcoming all, and serving our world

125 N. Lakeview Ave, Winter Garden, Fl 34787 407-656-1135 <u>www.fumcwg.org</u> <u>fumc@fumcwg.org</u>