

**Maple Grove United Methodist Church**  
**Facility Use Request**

September 17, 2024

Directions: *Please complete the form and return to the church office.*

- 1) Today's date: \_\_\_\_\_
- 2) Coordinator's name: \_\_\_\_\_  
Circle one:           Member    Non-member  
Phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_
- 3) Name of group: \_\_\_\_\_
- 4) Circle one:           Church group            Outside group
- 5) Facility(s) requested: (circle)   Sanctuary   Fellowship Hall   Classroom   Kitchen
- 6) Type of meeting/event: \_\_\_\_\_
- 7) Day/date of meeting/event: \_\_\_\_\_
- 8) Is this a recurring event? \_\_\_\_\_  
If YES, indicate the dates/frequency \_\_\_\_\_
- 9) Number of people expected: \_\_\_\_\_
- 10) Start time (including setup): \_\_\_\_\_
- 11) Ending time (including cleanup): \_\_\_\_\_
- 12) Special needs/comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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For internal church use:

Distribution:

Administrative Council Chair  
Facilities Use Coordinator  
Pastor