

Facilities Use Form

Name of Group _____

Responsible Person: _____ Phone: _____

Email: _____

Requested Event _____ Number of people _____

Request Date(s) (mm/dd/yy) From: _____ To: _____

Event time From: (00:00 am/pm) _____ To: (00:00 am/pm) _____

Reserve Time From: (00:00 am/pm) _____ To: (00:00 am/pm) _____

Facilities Requested: (Include building and room numbers)

Resources Needed: (Tables, Chairs, Audio/Visual Equipment, Sound Support, Kitchen Nursery) A diagram of the set up can be attached

Comments:

By signing the form, you agree to take full responsibility for the following:

1. The facility will be left clean and orderly with all tables and chairs put back in the same location as found
2. There will be no smoking or alcoholic beverages on premises at any time
3. The cost of repair charges for any damage to the facility or equipment
4. No taping or tacking decorations to the walls.

Responsible Person Signature _____ Date: _____

BUMC Signature _____ Date: _____