

*Providence United Methodist Church
KITCHEN Request Form*

DATE REQUESTED: _____

DATE(S) OF EVENT: _____

SPONSORING MINISTRY: _____

EVENT NAME: _____

PERSON REQUESTING SPACE: _____

PHONE NO: _____

EMAIL: _____

FACILITIES REQUESTED: Kitchen _____

Description of proposed use _____

Food or drink to be served? YES _____ NO _____

Description _____

Are you requesting kitchen services through the church caterer? YES _____ NO _____

Approx. number of persons attending: Adults _____ Minors _____

Time of use: Reserve Set-Up Time: _____ AM PM to _____ AM PM

Event time: _____ AM PM to _____ AM PM

I have read the attached scheduling Policy & Guidelines before requesting space.

(Date of Application)

(Signature)

Approved by: _____ Date: _____

Conditions of Approval: _____

Please note that space and setup information must be requested a minimum of 7 days prior to the event. If not received a minimum of 7 days prior to the event, we cannot guarantee your event will be set up as you request.