

LAKEWOOD

UNITED METHODIST CHURCH

EVENT REGISTRATION FORM

Date/ Dates: _____

Time(s): _____

Group: _____

Contact person(s): _____

Phone number(s): _____

Email Address: _____

Event: _____

(Name that will appear on the calendar)

Room(s) requested (check one or multiple):

- | | | | | |
|--|--|--|---------------------------------|---------------------------------|
| <input type="checkbox"/> CAC 201 | <input type="checkbox"/> CAC 202 | <input type="checkbox"/> CAC 203 | | |
| <input type="checkbox"/> CAC Gym | <input type="checkbox"/> CAC Dining Room | <input type="checkbox"/> Pastor's Office | | |
| <input type="checkbox"/> CAC Kitchen | <input type="checkbox"/> Choir Room | <input type="checkbox"/> Sanctuary | | |
| <input type="checkbox"/> 1510 Room | <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Fellowship Hall Kitchen | | |
| <input type="checkbox"/> EB 102 | <input type="checkbox"/> EB 103 | <input type="checkbox"/> EB 106 | <input type="checkbox"/> EB 201 | <input type="checkbox"/> EB 202 |
| <input type="checkbox"/> EB 203 | <input type="checkbox"/> EB 205 | | | |
| <input type="checkbox"/> Other(s): _____ | | | | |

Equipment needed: _____

Personnel: (clean-up, etc.): _____

Publicity (Reflections, Flyers, etc): _____

--Please Print Any Event Information On The Back of This Form--