



Rental Request

Johnson Community Center

Trinity United Methodist Church

CONTACT INFORMATION

TODAY'S DATE _____

RESPONSIBLE PARTY / ORGANIZATION: _____

CONTACT PERSON: _____ TITLE: _____

PHONE: DAY _____ CELL _____ ALTERNATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____

TRINITY UMC MEMBER: YES NO

EVENT DETAILS

EVENTS DAY(S) & DATE(S) REQUESTED _____

START TIME _____ END TIME _____ *(Include Set up / Tear Down)*

JOHNSON COMMUNITY CENTER OR ROOM(S) REQUESTED _____

ESTIMATED ATTENDANCE _____

DESCRIPTION OF EVENT(S) &/PURPOSE _____

- ◆ WILL THE KITCHEN NEED TO BE USED? YES NO
 - ◆ WILL YOU NEED AUDIO AND VISUAL EQUIPMENT? YES NO
 - ◆ WILL YOU NEED TO USE ANY FACILITY MATERIALS FOR THIS EVENT? YES NO
- Please note additional fees may be charged, depending on the final rental agreement.*

Description of additional materials i.e tables and chairs:

For office use only:

Approved YES NO

If no, why: _____

Signature _____ Date _____