

**TRINITY UNITED METHODIST CHURCH
FACILITY USE SCHEDULE**

(FOR CHURCH ACTIVITIES)

Requestor & Group Name: _____

Description of the use:

Please fill out the following columns with the date(s), times & rooms you want to be scheduled.

Date(s)	Start Time (AM/PM)	End Time (AM/PM)	Room/Facility

**Start time and end time should include set up and clean up times required!*

Submit this form back to the office (secretary) for approval, scheduling and to be assured of no conflicts.

Signature: _____

Date: _____

**Note: this form is for TUMC functions only!*