



1233 Oaklawn Drive Culpeper, VA 22701

540-825-0764

Date Submitted: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are You a Church Member: Yes No

What CUMC Ministry are you representing:

\_\_\_\_\_

**See reverse side for Event details:**

\_\_\_\_\_

**For Office Use:**

**Approved: Yes No**

**Reason:** \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time: (include set-up & clean-up) \_\_\_\_\_

Number of Participants Anticipated: \_\_\_\_\_

Which space(s) are you requesting:

Sanctuary

Fellowship Hall

Adult Wing Classroom

Ladies Parlor

Chapel/Library

Children's Wing Classroom

Do you need a key: Yes/ No

\_\_\_\_\_ sign key out

\_\_\_\_\_ signed key returned

Will childcare be needed for this event? Yes/No

Will children attend this event? Yes/No

Will you need an A/V operator: Yes/No

Additional comments &/or questions:

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