



Facilities Reservation Form

Please fill out this form to request that your event be added to the church calendar and/or to request a room reservation.

30-Day Notice may be required to assure reservation & childcare.

Submit form to CovenantUMC@CovenantAustin.org

4410 Duval Road, Austin TX 78727

512-346-3124 www.covenantaustin.org

Organization Name: _____

Contact Phone: _____

Representative's Name: _____

Email: _____

Please do not advertise your event/meeting until room reservation approval is received.

Name of Meeting/Event: _____

Approximate Number of people: _____

One-time Events Only:

Date: _____

Recurring Events Only:

Start Date: _____

End Date: _____

Frequency (circle one): Daily Weekly Monthly Other: _____

Actual Time of Event:

From _____ to _____

Setup Time Needed: _____

Breakdown Time Needed: _____

Resources:

(If your requested resources conflict with your requested room, you may be assigned a room where resources needed are available)

Room(s) requested: _____

Childcare needed: Yes No

Other Resources: # Tables _____ # Chairs _____ Other media _____

Kitchen Access Requested: Yes No

Audio/Visual:

Will use of the sound system be needed? Yes No

Will use of the screen be needed for visual or presentation purposes? Yes No

A daily \$75 honorarium attaches for audio/visual services for special events in the Sanctuary and is payable in advance to the church office.