## Farmington First United Methodist Church ACTIVITY INFORMATION SHEET

Date of A	Activity:						vity a week vity a mont	ly function hly function		No No
	give this information need to forward							•	event.	
What?										
	Name of Event:									
	Purpose/Nature of Ac	ctiv	vity:							
	Name of Organization	n/C	Committee	<del>-</del>						
Whan										
Who?	Paraon Pagnangible							Phone:		
	Person Responsible: Contact Person:	_					_	Phone:		
	Lock-up Person:	_					_	Phone:		
	Custodial Services	_	Yes		No	Who?	_			
	Nursery Needed?		Yes		No	Who?				
	PA System/Microphone				No	Who?				
	Publicity?		Yes		No	Who?				
	Refreshments?		Yes		No	Who?				
	Tellers needed?		Yes		No	Who?				
	Ushers needed?		Yes		No	Who?				
When?	Starting Ti	im	e:			Ending Tir	me:		(includes cle	an up)
Where?	Room					_	Cost:			
	<ul><li>Choir Practice Room</li><li>Wesley Hall</li><li>Kitchen</li></ul>			<ul><li>□ Choir Robing Room</li><li>□ Markham Room</li><li>Other (specifically)</li></ul>			<ul><li>□ Classroom(s) Rm #</li><li>□ Sanctuary</li></ul>			
How?	Financed by Church budget (fill out "Blue Sheet")					_	Funded by pro	oceeds?		
Approva	al: (Initials of appr	op	riate ch	air	person)					
	Council Trustees Other (specify)	- - 			ouncil of Ministries /orship & Music		- -	Pastor Work Areas		
Today's	Date:									

## Room Layout (Diagram and/or Description

Name of Room:	
	Please indicate "door" area on drawing
Notes:	
Please direct any questions to:	Phone: