

# ***Facility Request***

## ***Skyline United Methodist Church***

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

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

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

Type of Event (circle one):      ministry      personal      community      business

Description: \_\_\_\_\_

\_\_\_\_\_

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

Name of hosting person, group, or organization: \_\_\_\_\_

Event time:      Start: \_\_\_\_\_      End: \_\_\_\_\_

Access to facility is needed (include set-up & clean-up time):

Start: \_\_\_\_\_      End: \_\_\_\_\_

Anticipated Attendance:

Adults (18+): \_\_\_\_\_ Youth (11-18): \_\_\_\_\_ Children (0-10): \_\_\_\_\_

**This form must be received at least 2 weeks prior to requested date  
for usage.**

### **Skyline UMC**

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