

# Kitchen Reservation Form

## ALLIANCE UNITED METHODIST CHURCH

Today's Date: \_\_\_\_\_ Kitchen Contact  
Person\*: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ Repeat: Daily \_\_\_\_\_  
Weekly \_\_\_\_\_  
End Date: \_\_\_\_\_ Bi-Weekly \_\_\_\_\_  
Monthly \_\_\_\_\_  
Other \_\_\_\_\_

*\*Please attach a schedule if your form is for more than 1 meeting time*

*\*Please check marquee for room assignments!!*

Start Time: \_\_\_\_\_ A.M. / P.M. Deposit = \$75.00

End Time: \_\_\_\_\_ A.M. / P.M. Cash \_\_\_\_ Check \_\_\_\_

---

\* The contact person should be the person in charge of the kitchen or the committee member who will check the kitchen to ensure everything is cleaned and in its proper place. The contact person WILL be called if there is a problem and/or the kitchen is left in a state of disarray.