

Damascus United Methodist Church Room Reservation Form

Name: _____

Organization: _____

Cell Phone: _____ Home/Office: _____

Email address: _____

Name of Event: _____

Day & Date: _____

Start Time: _____ End Time: _____

Additional Dates & Times? _____

Room(s) Requested _____

Number of People attending _____ Special Set-Up? Yes* _____ No _____

***Please attach sketch of requested floor plan or to discuss the possibilities, please contact:
Lisa Marshall #301-253-5241 or lisa.marshall@damascusumc.org**

Audio Visual Needs? No _____ Yes** _____
If yes, please contact Ron Adams directly at 301-471-3194 at least two weeks prior to your event.

Kitchen Use Needed? No _____ Yes*** _____
If yes, please contact either Laura Hanlon directly at jkimom92@yahoo.com or Cathy Dobrzanski at cathbodr@gmail.com immediately to discuss planning and requirements for your event.

PR Needed? No _____ Yes** _____
If yes, please communicate your needs to Lisa Marshall and she will forward them to our communications team.

For office use only - - - - -

Room(s) assigned: _____ Date booked: _____
Cost Quoted: _____ Payment Received: _____