

UNITARIAN UNIVERSALIST CONGREGATION OF LAKE COUNTY

Event/Class/Meeting Proposals



Date of Request: _____

Please check category of Person Requesting the Event/Class/Meeting:

UUCLC Member UUCLC Friend Other _____

Name of Requestor/Member/Sponsor: _____

Phone /Email: _____

Name of Event/Class/Meeting: _____

Event Day of the Week/Date(s): _____

Event Time(s): _____

Duration of Event/Class/Meeting : _____

Audience (Children, Adults): _____

Space requirements for Event: _____

Who is responsible for set up/tear down: _____

Is this request for rental of space: Yes No

If applicable, do you have proof of Liability Insurance? Yes No N/A

(If Yes, attach document copy)

Please check the following amenities that will be needed:

Audio/visual equipment Publicity Hospitality Music Other _____

Fee charged for Event/Class/Meeting : _____

Additional Information/Comments: _____

----- For Approval use only -----

Status of Event/Class/Meeting Proposal: Approved Declined

Signature _____ Date _____