



The undersigned understands and agrees to honor the policies set forth above.

Signed: _____

Date: _____

Printed: _____

Phone: _____

Email: _____

Address: _____

Group: _____

Representative's position within group: _____

Please return this completed form with your room request!

Today's Date: _____

Macalester Plymouth United Church

1658 Lincoln Ave, Saint Paul MN, 55105

Phone: 651-698-8871; Email: office@macalester-plymouth.org

Application & Organization Information for MPUC Facility Use

Please complete this form and return by email or mail as soon as possible.

Organization _____

Event/Meeting Name _____ **Number People Attending:** _____

Contact Person (1) _____

Phone (w) _____ (h) _____ Email _____

Contact Person (2) _____

Phone (w) _____ (h) _____ Email _____

Organization Mailing Address:

What is the purpose of your group?

What is the purpose of your meeting/event?

***Required -**

Yes / No: **Does your organization receive fees for your event/meeting held at MPUC?**

Is your organization or event affiliated with MPUC through a committee, group or member? ___Yes ___ No

Name of committee/group/member at MPUC: _____

Schedule Request Please indicate ONE of the following and complete schedule information

___ One time event ___ Limited series ___ Weekly ___ Monthly

Date(s): _____ Start Time _____ to End Time _____

Room Request

Select requested room(s) *or mark 'TO BE ASSIGNED BY STAFF'*

Main Floor	SEATING	Lower Level	SEATING
Conference Room	10-14	Rex Knowles Room (LL)	12-25
Plymouth Room	12-25	Crossroads (open area in lower level)	12-40
Social Hall (East and/or West)	150	Library (LL)	6-8
Kitchen	NA	Good News Room (LL)	8-16
Sanctuary	300	Notes: _____	

Office Use Only

Date Received: _____ Category: _____ Staff Approval (Y/N): _____

Fee Applicable (Y/N): _____ Amount: _____ Notification Sent (Y/N): _____

Past fees/donations made (amount) _____ Payment Schedule _____

Notes: _____

Certificate of Insurance Policy: _____