**TOWSON UNITARIAN UNIVERSALIST CHURCH (CONGREGANT USE OF SPACE RECORD)**

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| --- | --- |
| CELEBRATION OF LIFE FOR:  | DATE: |
| BIRTHDATE: | DEATH DATE: |
| RESPONSIBLE PARTY: | OFFICIANT: |
| ADDRESS:  | CITY, ST, ZIP |
| EMAIL: | PHONE: |
| **OTHERS RESPONSIBLE FOR THE EVENT:** |
| NAME: | PHONE: | EMAIL: |
| NAME: | PHONE: | EMAIL: |
| NAME: | PHONE: | EMAIL: |
| **BUILDING AND/OR LAND AREAS REQUESTED:** |
| DATE OF MEMORIAL | SET UP TIME | EVENT START & END TIMES | CLEAN UP ENDS |
|  |  |  |  |
| **AV NEEDS** | YES / NO | Recording of service needed? | YES / NO |
| List AV equipment to be used:  |
| **OTHER LOGISTICS:** |
| NUMBER OF PEOPLE EXPECTED:  | PROGRAM PRODUCED IN-HOUSE: | YES / NO | # of COPIES |
| OUTSIDE CATERER? | YES   | NO | TUUC HOSPITALITY? | YES | NO |
| NAME OF CATERER COMPANY:  | CONTACT: |
| CATERER ADDRESS:   | CITY, ST, ZIP: |
| CATERER INSURANCE CARRIER: | INSURANCE CERTIFICATE ON FILE: |

|  |  |  |  |
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| MEMORIAL PLAQUE REQUESTED. | YES  | NO | DATE ORDERED: |
| NAME ON PLAQUE:  |
| BIRTH YEAR: | DEATH YEAR: | PLAQUE RECEIVED: | DATE PLAQUE INSTALLED: |
| **SIGNATURE:** | **DATE:** |
|  |  |
| (Continue on next page please) |
| **OBITUARY FOR:**  |
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Send information for Threshold (TUUC Newsletter) announcement to news@towsonuuc.org.

Deadline: Wednesdays at 12:00 pm.