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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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.