Highland Valley United Methodist Church

15224 Chenal Parkway

Little Rock, Arkansas 72211‐2018

Phone: 501‐224‐6047

E‐mail: [office@hvumc.org](mailto:office@hvumc.org) | website: [www.hvumc.org](http://www.hvumc.org)

EVENT EXIT REPORT

Please fill out completely and turn in to Tami Bean or Kimberly Trice at the Church Office at end of event. If you have any questions, please contact the church office.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ORGANIZATION NAME:** | | |  | | | | |
|  | | |  | | | | |
| **CONTACT/RESPONSIBLE PERSON’S NAME:** | | |  | | | | |
|  | | |  |  |  | | |
| **CONTACT PHONE:** | | |  |  | **CONTACT EMAIL:** | | |
|  | | | | | | | |
| **TYPE OF EVENT:** |  | | | | | | |
|  | | |  | | | | |
| **DATE OF EVENT:** | | | **# OF PARTICIPANTS:** | | | | |
|  |  |  | | | |  |  |
| **TIME OF EVENT:** | **START:** | **END:** | | | |  |  |

**WHICH ROOM WAS USED?**

Sanctuary Chapel Youth Area

Kitchen Family Life Center Parlor

Classroom – Which One? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS:**

Did our facilities meet your expectations? Yes No

Was the room satisfactory for your event? Yes No

Was the Church staff friendly and helpful? Yes No

Additional Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FINAL CHECK LIST:**

Area left how Group found it

Area cleaned; including all decorations removed.

All trash taken to dumpster

All equipment used has been return to proper location (unless other arrangements made)

All lights shut off and heating/air conditioning reset to recommended temperature

All doors and windows closed and locked

Key placed in mail slot in the Sanctuary doors

**\*\*Failure to complete this checklist will result in the forfeiture of your deposit.\*\***