

**Special Event Room Request Form**

Genesis of Ann Arbor  
2309 Packard Ann Arbor, Michigan 48104  
734-665-8883 Fax: 734-665-8957  
[genesis7890@yahoo.com](mailto:genesis7890@yahoo.com)

\_\_\_\_\_   
Contact

\_\_\_\_\_   
Date of Event

\_\_\_\_\_   
Address

\_\_\_\_\_   
Date of Request

\_\_\_\_\_   
City, State, Zip

\_\_\_\_\_   
Type of Event

\_\_\_\_\_   
Home/Work Phone

\_\_\_\_\_   
Email

Are you a member of either the Temple or Church? \_\_\_\_\_

Number of guests? \_\_\_\_\_

Room Requested: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Will you be serving any alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

Dance Floor? Yes \_\_\_\_\_ No \_\_\_\_\_

Licensed Caterer: \_\_\_\_\_

Only Licensed Caterers are allowed to use the Kitchen. If you have any doubts, please check with the Genesis Administrator before selecting your caterer

**Genesis Building Agreement**

I have received a copy of the Genesis Facility Use Policy, and have submitted a completed Room Use Request Form. I understand that I may be responsible for paying a security deposit, room use fee, and custodial fees in accordance with the policy. I agree to abide by the use policy and will direct any questions to the Genesis, Church, or Temple administrator.

\_\_\_\_\_   
Signature

\_\_\_\_\_   
Date