**Application for One Time Use of the Building**

**Place your *Church Address and Telephone Number***

**This completed form must be submitted for review at least one month before requested usage date**

ORGANIZATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No of People\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously used this building? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Day\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Evening\_\_\_\_\_\_\_\_\_\_\_

 Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member of \_\_\_UMC? Yes No

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

USE Single Use Weekly Monthly Other

Date desired/starting date \_\_\_\_\_\_\_\_\_\_Day of week/month \_\_\_\_\_\_\_\_\_\_Ending Date\_\_\_\_

Actual Activity Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (AM/PM) until\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (AM/PM)

 Additional Time (if any) for setup\_\_\_\_\_\_\_\_ cleanup\_\_\_\_\_\_ Trash/Garbage Removed \_\_\_\_\_

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# ROOMS REQUESTED EQUIPMENT REQUESTED

# \_\_\_\_Sanctuary \_\_\_\_ Fellowship Hall \_\_\_\_Stove/Oven \_\_\_\_ Refrigerator

# \_\_\_\_Kitchen \_\_\_\_ Other \_\_\_\_# of Chairs \_\_\_\_# of Tables

PLEASE NOTE:

*Room assignments are subject to change at any time at the discretion of* *YOUR CHURCH NAME UMC*

COMMENTS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE**

 Insurance Company & Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Verified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Facilities Charge\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Less Deposit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Denied by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

 Balance Due\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Notified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_