**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**

**\* A Certificate of Insurance is required with *Church Name here* United Methodist Church named as additional insured prior to use of facilities. If no certificate of insurance is provided, you will be required to complete a waiver of liability**.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (a.m. /p.m.) until\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (a.m. /p.m.)

 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\_\_\_\_\_\_\_\_\_