

# APPLICATION FOR USE OF CHURCH FACILITIES

Name of Organization/Person \_\_\_\_\_

Group Category: ( ) CUMC Group                      ( ) Ecumenical                      ( ) Other group

Person Making Arrangements	Contact Person
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: (H) _____ (w) _____	Phone: (H) _____ (w) _____
Email: _____	Email: _____

PLEASE NOTE: If contact person changes, please notify the church office immediately (748-6006)

Type of Event: \_\_\_\_\_ (Meeting, Dinner, Wedding, Etc.)

Frequency: One Time ( )    Weekly ( )    Monthly ( )                      Size of Group \_\_\_\_\_

Dates Requested:

Start Date	End Date	Start Time	End Time	Day of the Week	Week of Month

Room Requested:	OFFICE USE ONLY			
	Usage Fee	Deposit	Other Fee	
( ) Sanctuary				Key Deposit: _____
( ) Fellowship Hall				Key Assigned: _____
( ) Kitchen				Key Returned: _____
( ) Classroom No. ____	No Charge	No Charge		Date Fee Paid: _____
( ) Youth Cottage				Date of Deposit: _____
( ) Nursery	No Charge	No Charge		Dep. Returned: _____
( ) Other _____				
Total Fees				

Please return the completed form to the church office to secure meeting date.

**NO SMOKING or ALCOHOL allowed anywhere in the building!**

It is your responsibility to secure windows, turn off lights, turn off heat or a/c, and close doors when finished with your designated room.

If your group is the last to leave the building, it is your responsibility to see that ALL lights are off and the exterior doors securely locked.

Please do not make room changes without first checking with the church office.

If your meeting space has been taken, please use another room. Please contact the church office the following day to resolve future conflicts.

If you have any questions, please phone the church office (748-6006)