

# ENGLEWOOD UNITED METHODIST CHURCH

## CHURCH FACILITY USE REQUEST FORM

Name of Group or Individual: \_\_\_\_\_

Planned Activity: \_\_\_\_\_

EUMC Group: \_\_\_\_\_ EUMC Member: \_\_\_\_\_ Non-EUMC Group/Non-Member: \_\_\_\_\_

Person Responsible for Use: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**FACILITIES REQUESTED AND WHEN:**

Date: \_\_\_\_\_ Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Number of People: \_\_\_\_\_

What Rooms and Equipment are Needed: \_\_\_\_\_

In Kitchen - Cooking and Service Use: \_\_\_\_\_

**FEE SCHEDULE**

	<b><u>CHURCH MEMBER</u></b>	<b><u>CHURCH MEMBER</u></b>	<b><u>NON-CHURCH MEMBER</u></b>	<b><u>COST</u></b>
	(WEDDING)	(NON-WEDDING)		
<b><u>REQUIRED</u></b>				
_____ Sanctuary	N/A	N/A	\$450	_____
_____ Sanctuary Maintenance Fee	\$175	N/A	\$175	_____
_____ Fellowship Hall/Kitchen*	N/A	\$100	\$300	_____
_____ Cleaning Service (Fellowship Hall)	\$100	\$100	\$100	_____
_____ Classrooms	N/A	\$40 (each)	\$40 (each)	_____
_____ Wall Sconces	\$50	N/A	\$50	_____
_____ Candelabras	N/A	N/A	\$50	_____
_____ Other Items**	_____	_____	_____	_____
Sub-Total				_____
Deposit (Required for use of facility)				_____ +100
<b>Total Due:</b>				_____

\*Must have a Church Certified Kitchen Person present.

If needed, the name of your Church Certified Kitchen Person: \_\_\_\_\_

\*\*Refer to The Wedding Policy booklet for additional items that are available.

**SIGNATURE REQUIRED ON THE BACK**

**(WEDDING INFORMATION ON THE BACK)**

**WEDDING INFORMATION:**

Name of the Bride and Groom: \_\_\_\_\_

Officiating Minister: \_\_\_\_\_

Date and Time of Wedding: \_\_\_\_\_

Date and Time of Rehearsal: \_\_\_\_\_

What Rooms and Equipment are Needed: \_\_\_\_\_

Number of People: \_\_\_\_\_

Time and Place of Reception: \_\_\_\_\_

In Kitchen - Cooking and Serving Use: \_\_\_\_\_

Name of Wedding Director/Planner: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Florist: \_\_\_\_\_

Name of Caterer: \_\_\_\_\_

Who will be responsible for:

Room Set-Up: \_\_\_\_\_ Clean-Up: \_\_\_\_\_

Restoration: \_\_\_\_\_ Lock-Up: \_\_\_\_\_

Estimated Time Event Will Be Over and Facility Restored: \_\_\_\_\_

The CLEANING SERVICE will be engaged for members and non-members alike for all weddings. This fee is \$100.00 and does not include the reception. This fee should be paid to the church upon approval of this application form along with any other designated fees at that time.

**NOTE:** An inspection will be made following use and the user notified if conditions are not completely restored and/or damages done.

**COVENANT:** In exchange for the use of the church facilities, I promise to insure all members of my group follow the guidelines and regulations governing the use of the facilities and I will be responsible for all clean-up and damages.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVALS:**

Requested Facility Available: Yes / No

Pastor: \_\_\_\_\_ Date: \_\_\_\_\_

Chair, Board of Trustees: \_\_\_\_\_ Date: \_\_\_\_\_

Facilities left clean and undamaged? Yes / No      Deposit Returned? Yes / No

Copies Given to the: Pastor: \_\_\_\_\_ Wedding Coordinator: \_\_\_\_\_