

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

	<u>CHURCH MEMBER</u> (WEDDING)	<u>CHURCH MEMBER</u> (NON-WEDDING)	<u>NON-CHURCH MEMBER</u>	<u>COST</u>
<u>REQUIRED</u>				
_____ 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
Total Due:				_____

*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: _____