

**Wesleyan Chapel United Methodist Church**  
**Facilities Use / Reservation Request**

Please return completed form to the church office as far in advance of date needed as possible to confirm your reservation.

1. Group or Individual requesting use

\_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone #: \_\_\_\_\_ Email address \_\_\_\_\_

4. Date/s requested: \_\_\_\_\_ Time: \_\_\_\_\_ until \_\_\_\_\_

5. Responsible Individual in attendance \_\_\_\_\_

6. Description of Event and Facilities needed

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

7. Estimated number of people attending \_\_\_\_\_

The person/organization requesting the use of Church facilities hereby agrees to comply with the Facility Use Guidelines and absolves the church, its pastors, leadership, members, or people of any liability for personal injury to any individual resulting from the use of the church facilities and agrees to be responsible for any property damage that results from misuse of the facilities. Please report any damage to the church office promptly. The group or individual using the facility is responsible for set up, clean up, and return to normal set up of the facility.

**Signature of Responsible Party**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved By** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Declaration of Insurance (if required)** \_\_\_\_\_