



FACILITY USE RESERVATION REQUEST

WESLEYAN CHAPEL UMC

Responsible Individual _____ Date _____

Group _____ Member: Yes No

Email _____ Phone _____

Which building and/or room would you like to use?	
<input type="checkbox"/> Chapel	In Lee Hall, indicate rooms:
	<input type="checkbox"/> Fellowship Hall <input type="checkbox"/> Conference Room <input type="checkbox"/> Kitchen
In Sanctuary, indicate rooms:	<input type="checkbox"/> Youth Space (upstairs) <input type="checkbox"/> Classroom # _____
<input type="checkbox"/> Main Sanctuary <input type="checkbox"/> Choir Room	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	

Event description: _____

Event Date: _____ Event Time: _____

Est # attending: _____ Access Time: _____

Non-member/Outside organization fees:	Deposit (due at reservation)	\$500	
	Room fee/day	_____	TOTAL DUE: _____
	Custodial fee	_____	TOTAL PAID: _____
Member & Non-member fees:	Host		TOTAL BALANCE: _____

Please initial that you understand and agree to the following:

_____ 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.

_____ If a temporary access card is issued, it must be returned to agreed upon person/place at the end of your event. Loss of card will incur a \$50 fee for replacement.

Sign _____ Date _____

This request will be forwarded to the Trustees for consideration. You will be notified if approval is confirmed.

DO NOT WRITE BELOW THIS LINE

Date received: _____
 Trustee/Pastor Approval Y N Date: _____

Temp Card Issued Date: _____
 Card: _____

Sign: _____

Declaration of Insurance _____