

# WESTMINSTER UNITED METHODIST CHURCH

## Facility Request and Reservation Form

Adopted by the Trustees (11/2/2014)

Please complete and return to the church Office Manager. Please allow enough time for processing and set up.

Name \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Contact Person E-Mail address \_\_\_\_\_

Contact Person Cell Phone #: \_\_\_\_\_

Today's Date \_\_\_\_\_

Name of group \_\_\_\_\_

Purpose of event (i.e. coffee, luncheon, meeting) \_\_\_\_\_

Date of event \_\_\_\_\_ Time of event \_\_\_\_\_

### For church events:

Date and time needed for area to be set up to decorate or additional preparation by group utilizing the space \_\_\_\_\_

Area of church needed for your event (i.e. Fellowship Hall, A-107, A-109, Sanctuary, Parlor, etc.) \_\_\_\_\_

Number of participants expected \_\_\_\_\_

Number of chairs needed \_\_\_\_\_

Number of tables needed \_\_\_\_\_

Will food be served? \_\_\_\_\_ Beverages? \_\_\_\_\_

**Please note: Westminster UM Church is not responsible for providing food and/or beverages. It is the responsibility of the group. If food and/or beverages are served, the group utilizing the facility is responsible for busing the tables, placing trash in the provided trash cans, and cleaning up the areas used.**

Description of set-up (draw diagram on back, if necessary) \_\_\_\_\_

Other equipment requested (circle items needed and indicate how many) If we do not have the requested equipment, group will be responsible for obtaining it elsewhere. We will advise if and what equipment is available when the request is made.

Microphone \_\_\_\_\_ Extension cord(s) \_\_\_\_\_

Video equipment \_\_\_\_\_ Other \_\_\_\_\_

Paper goods needed: (indicate quantity and type, i.e. glass or disposable) \_\_\_\_\_

Table covering (plastic, paper or cloth) \_\_\_\_\_

\*\*If cloth tablecloths are used, they must be washed and returned (indicate date due to be returned & by whom):

Plates and/or napkins \_\_\_\_\_

Knives, forks, spoons \_\_\_\_\_

Cups (coffee, tea, water) \_\_\_\_\_

Any requests requiring the purchase of special or colored table paper or cloths, plates or napkins, must be purchased by the committee or person making the request.

Other important information: \_\_\_\_\_

Childcare requested? (circle) Yes or No Approx. # of Children \_\_\_\_\_

Age Range of Children: \_\_\_\_\_

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**For outside groups requesting use of church meeting space:**

Name of group \_\_\_\_\_

Is the group a profit or non-profit group? \_\_\_\_\_ Will admission be charged? \_\_\_\_\_

Short description of group requesting use of space \_\_\_\_\_

Is this event sponsored by a WUMC member? \_\_\_\_\_ Name of sponsoring member: \_\_\_\_\_

Contact Name \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Contact Person E-Mail address \_\_\_\_\_

Contact Person Cell Phone #: \_\_\_\_\_

Today's Date \_\_\_\_\_

Name of group \_\_\_\_\_

Purpose of event (i.e. coffee, luncheon, meeting) \_\_\_\_\_

Date of event \_\_\_\_\_ Time of event \_\_\_\_\_

I have read, understand and agree to abide by all the rules and guidelines governing the use of the Westminster United Methodist Church facilities. Persons using the facilities of Westminster U.M. Church will be required to sign a written license prior to using the facilities, and the license will contain, among other provisions, an indemnity in favor of the church against the consequences of the acts or omissions of the using group/person and the persons who attend the event. The undersigned warrants that the applicant will exercise the utmost care in the use of the church's premises and property, and will make good any damage to said premises and property which arise during the applicant's use thereof, no matter what the cause. The undersigned agrees to indemnify and hold harmless Westminster United Methodist Church, its agents, and employees, from any and all claims including injuries to persons, and/or property arising, directly or indirectly, out of such use.

An advance deposit will be required before final approval is granted. If approval is not granted, the deposit will be returned.

Deposit paid \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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**For church office administration only:**

Approved by Trustees: \_\_\_\_\_

Requestor notified (method & date) \_\_\_\_\_

Liability Insurance policy required? Yes No Certificate provided? \_\_\_\_\_

Responsible party for Opening building \_\_\_\_\_

Responsible party for Closing building/setting alarm \_\_\_\_\_

Signature of person completing work \_\_\_\_\_

Date \_\_\_\_\_ Time completed \_\_\_\_\_

Time expended to complete work \_\_\_\_\_

Total fees charged \_\_\_\_\_ Balance paid \_\_\_\_\_