

Nolensville First United Methodist Church
Application for Use of Church Facilities
Recurring Meetings

Name of Group/Organization: _____ Size of Group: _____
 Beginning Date Requested: _____ End Date Requested: _____
 Recurrence: _____ Total Times Facility Will Be Used*: _____
 Facilities Requested: Sanctuary Fellowship Hall Grounds Youth Area Kitchen
 Sound System Other _____
 Event Time: from _____ to _____
 Begin Set-up Time: _____ Take down will be finished, and building will be vacated at _____
 Purpose Needed: _____
 Person(s) Submitting Request: _____
 Community Group NFUMC Sponsored Group
 Government Group For-profit Group
 Phone: _____ Cell Phone: _____
 Email Address: _____
 Physical Address: _____

Upon approval of the request, I/we agree that _____ will be responsible for any damage to the Church facility caused by our group, we will abide by the Church Policy, and we agree to indemnify and hold NFUMC harmless, including attorney's fees, from any and all liability arising out of our group's use of the facilities.

 Signature of Responsible Party

 Date

Please initial each item applicable:

_____ **NFUMC Sponsored Groups:** I understand that if the Board of Trustees determines that our group is not leaving the building in an acceptable condition after our meetings, then the privilege of using the NFUMC facilities can be revoked by the Board of Trustees and the Pastor at any time.

_____ **Community Groups, Government Groups, and For-profit Groups** I understand that if the Board of Trustees determines that our group is not leaving the building in an acceptable condition after our meetings, then the privilege of using the NFUMC facilities can be revoked by the Board of Trustees and the Pastor at any time. However, the fees for remaining scheduled events will still be due.

_____ **Community Groups, and For-profit Groups:** Copy of Certificate of Insurance is attached.

_____ The above signed has access to a Church key. Whose key? _____

_____ Arrangements for a key will need to be made. (Contact the Administrative Assistant).

*Note: At time of request, this can be estimated, but after approval and before onset, specific dates must be confirmed with the front office.

Office Use Only: Date request/deposit rec'd _____ Date on calendar: _____ Date req conf sent: _____
 Not Approved Approved By _____
 Fee schedule set on _____ File: _____
 Renewal due at BoT meeting on: _____ Date final confirm sent: _____