



**Request for Use of Church Facilities – Recurring Events**

**Name of Group/Organization:** \_\_\_\_\_ **Size of Group:** \_\_\_\_\_

**Beginning Date Requested:** \_\_\_\_\_ **End Date Requested:** \_\_\_\_\_

**Facilities Requested:**  Sanctuary  Fellowship Hall  Youth Area  Grounds  Kitchen  
 Sound System  Other: \_\_\_\_\_

**Event Time:** \_\_\_\_\_ to \_\_\_\_\_

**Access Requested at:** \_\_\_\_\_ **Take down will be finished and building will be vacated at:** \_\_\_\_\_

**Purpose:** \_\_\_\_\_

**Responsible Person Submitting Request:** \_\_\_\_\_

NFUMC Member  Non-member

NFUMC-Sponsored Group  Community Group  Government Organization

**Phone:** \_\_\_\_\_  home  business  cell

**Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**I/we have read the Facilities Use Policy and agree to abide by the General Policy and the Kitchen Policy (if kitchen is used).**

**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 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:

\_\_\_\_\_ **Community Groups:** Proof 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 Administrator).

**Please allow three weeks after an event for return of cleaning/damage deposit.**

**Office Use Only:**

Date request and deposit received: \_\_\_\_\_ Date entered on church calendar: \_\_\_\_\_

Payment: \_\_\_\_\_

Not Approved  Approved by: \_\_\_\_\_

Deposit Return  Approved  Denied by: \_\_\_\_\_

Date deposit returned: \_\_\_\_\_