



Nolensville First United Methodist Church

Our Mission: *to be a neighborhood church, where people experience a life-changing relationship with Jesus, in a welcoming church family.*

Request for Use of Church Facilities - Single Event

Name of Group or Host: _____

Date Requested: _____ Size of Group: _____

Facilities Requested:

- ☐ Sanctuary
☐ Fellowship Hall/Kitchen
☐ Youth Area

- ☐ Grounds
☐ Sound System
☐ Other: _____

Event Time: _____ to _____

Access Requested: _____ building will be vacated by: _____

Purpose: _____

Responsible Person Submitting Request: _____

- ☐ NFUMC Member
☐ Non-member
☐ NFUMC-Sponsored Group
☐ Community Group
☐ Government Organization

Phone: _____ ☐ home ☐ business ☐ cell

Email: _____

Mailing Address: _____

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: _____

Our Vision: *loving God and neighbor where we live*