



Nolensville First United Methodist Church

*a neighborhood church
where people experience a life-changing relationship with Jesus
in a welcoming church family*

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/Kitchen ☐ Youth Area ☐ Grounds
☐ 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: _____

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: _____