



2007 Acklen Avenue ■ Nashville, TN 37212 ■ Telephone: 383-0832 ■ Fax: 386-3298
www.belmontumc.org

FACILITY AND PROPERTIES USE REQUEST FORM

Please PRINT and complete all of the information below:

Name of Group/Organization: _____

Purpose of Group/Organization: _____

Group/Organization's website (if applicable) _____

Relationship to Belmont UMC: _____

Group contact name: _____

Address: _____

Telephone/Cellphone _____

Email: _____

Date or days you wish to use facility: _____

Time you wish to use facility: From _____ am/pm until _____ am/pm

Number of people to attend: _____ Area/room requested: _____

Will children be present? _____ If so, how many? _____

(Note that groups must abide by Safe Sanctuaries policies if children will be present)

Belmont UMC may provide the following: (please indicate number needed)

Table(s) _____

Chairs _____

Easel/Chalk Board _____

TV/DVD/VCR _____

LCD projector (CC only) *Training required* _____

Kitchen facilities *Training required* _____

Other needs not listed: _____

ACKNOWLEDGEMENT FORM

To be completed by the user group contact and returned to the Program Ministries Team Assistant. Please note that the event will not be placed on the church calendar until this form and appropriate deposits and fees have been received.

I have read and fully understand the Facilities and Properties Use Policy and the Training guidelines and requirements (if applicable) for Belmont United Methodist Church, and agree to abide by these policies.

Presence of children:

- Children will not be present during the requested activity
- Children will be present during the requested activity. I have reviewed the church's Safe Sanctuaries policy and agree to abide by the stated requirements.

- I recognize that the church has costs associated with staffing and operating the facility I am reserving and have reviewed the recommended donations guidelines. We anticipate making a donation of \$_____ to offset these costs.

All the information provided by me is true.

User Group contact signature/printed name

Date

To be completed by the Program Ministries Team Assistant.

- Facilities and Properties Use Policy acknowledgement signed and dated
- Safe Sanctuaries policy acknowledgement signed and dated
- Hold Harmless Agreement signed and dated
- Certificate of Insurance received
- Training completion form/proof of credentials received
- Refundable Security Deposit of \$_____ received
- Fee payment/suggested donation of: \$_____ received

Program Ministries Team Assistant

Date