



## 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	_____
TV/DVD	_____
LCD projector (CC only) <i>Training required</i>	_____
Kitchen facilities	_____
Wi-fi access	_____

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 Belmont UMC's Safe Sanctuaries policy and agree to abide by the stated requirements.
- I have reviewed Belmont UMC's wi-fi terms and conditions of use 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

\_\_\_\_\_  
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
- Wi-fi Terms and Conditions of Use 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