



## FACILITY AND PROPERTIES USE REQUEST FORM

**Please PRINT** and complete all of the information below:

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

Purpose of Group/Organization: \_\_\_\_\_

Purpose of meeting/event to be held at Belmont UMC: \_\_\_\_\_

\_\_\_\_\_

Group/Organization's website (if applicable) \_\_\_\_\_

Relationship to Belmont UMC: \_\_\_\_\_

Belmont UMC sponsoring ministry (if applicable): \_\_\_\_\_

Contact name for group/organization \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

Email address: \_\_\_\_\_

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) *Training required* \_\_\_\_\_

Kitchen facilities (Parker Hall only) \_\_\_\_\_

Wifi 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

\_\_\_\_\_  
BUMC sponsoring ministry contact signature  
(if applicable)

\_\_\_\_\_  
Date

**To be completed by Facility Use Coordinator.**

- 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

\_\_\_\_\_  
Facility Use Coordinator

\_\_\_\_\_  
Date

Updated 2017