



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: _____

Number of parking spaces used: _____

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 (Parker Hall only)	_____
Wifi access	_____

Other needs not listed: _____

ACKNOWLEDGEMENT FORM

To be completed by the user group contact and returned to the Facility Use Coordinator. 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