

Grace United Methodist Church- Spencer
Facility Use Agreement

Group Name: _____ Today's Date: _____
Contact person: _____
Address: _____
Phone: (_____) _____ E-mail address: _____@_____

Requested Date of Use: _____ **Day of Week:** _____
Time in: _____ **Time Out:** _____ **Number of participants:** _____

Is this request for a one-time use? Yes or No
If repeat use, list know dates requested: _____

Is this a for-profit event? Yes or No

Space Requested: (place a check mark next to the rooms needed):

<input type="checkbox"/> Wesley Room	<input type="checkbox"/> Fireside Room	<input type="checkbox"/> BenTena Room
<input type="checkbox"/> Fellowship Hall	<input type="checkbox"/> Chapel	<input type="checkbox"/> Kitchen (main floor)
<input type="checkbox"/> Sanctuary	<input type="checkbox"/> Youth Room	<input type="checkbox"/> Youth Class Rooms needed _____
<input type="checkbox"/> Narthex	<input type="checkbox"/> Kitchen-BenTena	<input type="checkbox"/> Choir Room <input type="checkbox"/> Bell Choir Room

Furnishing and Equipment needed (if/as available)

_____ Number of Tables needed _____ Number of Chairs needed

<input type="checkbox"/> Easel	<input type="checkbox"/> Podium	<input type="checkbox"/> Coffee Pot/s	
<input type="checkbox"/> DVD/VCR/TV	<input type="checkbox"/> Screen	<input type="checkbox"/> Sound System	<input type="checkbox"/> Other: _____

Unless negotiated at the time of the reservation it is expected of groups to do their own set up and leave the room/s as found. If it is requested that GUMC provide the setup, use the back of this sheet to diagram the desired arrangement. Be aware: commercial/for-profit groups are expected to provide a gratuity for the custodian of \$15.00/hour with minimum of two hours.

I understand that any damages to furnishings, equipment or facilities are the user's responsibility. Repair or replacement costs will be billed directly to the individual reserving the facilities. I also understand that Grace United Methodist Church- Spencer is not responsible or liable for any injuries that occur during the event. I understand that I must notify the church office if I need to cancel my room reservation.

Signature: _____ Date: _____

OFFICE USE ONLY

(CHECK WHEN TASK IS COMPLETED)

- Are the facilities available on the date(s) requested?
- Has the reservation been written on the church calendar?
- Has the custodian been notified and given the details needed to prepare for the event?
- Have others been notified of the event as needed?
 - Pastor
 - Organist (if needed)
 - Funeral Team (if needed)
 - Others: _____

_____ **TOTAL FEES/COSTS**

- Facility Use Donation? (check payable to the United Methodist Church)
- Custodian Fee (check payable to direct custodian for event)