

**Spencer Grace United Methodist Church (GUMC)**  
**Facility Use Agreement**

Type of Event: \_\_\_\_\_ Group Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Requested Date(s) of Use: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Door Unlock Time: \_\_\_\_\_

One Time Use: Y / N Date(s) of Repeat Use: \_\_\_\_\_ Non-Profit Group: Y / N

<b><u>Space Requested</u></b>	<b><u>Room Capacity</u></b>	<b><u>Suggested Donation</u></b>
_____ Sanctuary & Narthex	<b>360</b>	\$200
_____ Narthex*	<b>60</b>	\$75
_____ Fellowship Hall*	<b>300</b>	\$150
_____ Fireside Room*	<b>40</b>	\$50
_____ Wesley Room*	<b>60</b>	\$50
_____ BenTena Room*	<b>120</b>	\$125
_____ Chapel	<b>45</b>	\$TBD
_____ Youth Room	<b>40</b>	\$50
_____ Kids Birthday Party Package w/Bouncy House/Games*		<b>\$125</b>
_____ Wedding Package (Includes Pastoral Counseling)		\$400
_____ Funeral (Includes Pastoral Fee)		\$200
_____ Non-Profit Group (Fee Waiver-Approved)		***

(\* = includes the use of the adjoining kitchen facilities)

**\*Weddings** shall be scheduled at the discretion of the Pastor and will be added to the calendar after the initial meeting between the Pastor and the couple intending to be wed. Specific wedding procedures at GUMC are found in the "Wedding Booklet" available in the church office.

**\*Funeral Services:** Please discuss the suggested donation with the Pastor at the time of planning. Funeral services are available to non-members at regular donation rates listed, and at no cost to members, although donations are welcomed.

**Room Set Up:**

**Room Event is Held In:** \_\_\_\_\_

**Number of Attendees/Chairs:** \_\_\_\_\_

**Number of Tables:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Time of Event:** \_\_\_\_\_

**Notes:**

**Room Set Up Details:** Use this section to clearly print or draw out any floor plans for desired room layout including where to put tables, chairs, & equipment.

**Equipment and Furnishings:**

\_\_\_\_ Easel/White Board

\_\_\_\_ Podium

\_\_\_\_ Screen

\_\_\_\_ Sound System

\_\_\_\_ Microphone

\_\_\_\_ TV/VCR/DVD

\_\_\_\_ Coffee Pot(s) & Cups

\_\_\_\_ Juice/Water Pitchers

\_\_\_\_ Plates/Silverware

\_\_\_\_ Stage

\_\_\_\_ Stage Lights

\_\_\_\_ Organ/Piano

\_\_\_\_ Picture Backdrop

\_\_\_\_

\_\_\_\_

Thank you for choosing *Grace United Methodist Church* when planning your event. We are grateful for your support, and we work hard to ensure you have a great experience within our facility. Below you will find areas that help make your experience optimal and protect the quality of our building.

***Entering your initials next to each statement below acknowledges that you have read the policy and agree to the terms outlined in this Facility Use Agreement.***

\_\_\_\_\_ The Trustees Committee discerns if groups are appropriate to use GUMC spaces dependent upon the group's purpose, mission, goals, discriminatory practices, and/or membership practices. All determinations will be guided by common Christian beliefs and The Book of Discipline. All events must align with the overall vision and mission of GUMC.

\_\_\_\_\_ All Church equipment will be used for its intended purpose and should only be used as outlined in the "Facility Use Agreement" which is required to be acknowledged by the person, or persons, responsible for the facility use. The Trustees' Committee has the final say in all matters related to church-owned equipment.

\_\_\_\_\_ GUMC owned equipment and/or furnishings will remain in the church at all times. Equipment and furnishings are expected to be in good working condition after use. Any issues with any equipment or furnishings should be reported immediately to the Event Coordinator, the Pastor, or to a member of the Trustees Committee.

\_\_\_\_\_ All audio, visual, digital, or recording equipment owned by GUMC must be operated by those who have been trained by the GUMC technology team. Tech booth equipment must not be moved or removed without prior permission from the Pastor, the Event Coordinator, or Trustee Committee Chair Member.

\_\_\_\_\_ Decorations and signage must not leave marks or otherwise damage surfaces or furnishings that belong to GUMC. The use of beverages containing red or blue dyes is strongly discouraged.

\_\_\_\_\_ Any damage to property, grounds, building, equipment, or furnishings will be the responsibility of the person who reserved the facility space. Any repair or replacement costs associated with damage or cleaning will be charged directly to the individual that reserved the facilities.

\_\_\_\_\_ If custodial services are needed for an event there is a charge of \$15.00 an hour with a minimum charge of \$30.00 for custodial gratuity. Private events and funerals that occur on Saturdays will have an automatic \$50 added for cleaning custodial gratuity.

\_\_\_\_\_ The use of tobacco, alcohol, and/or illegal substances are not permitted within the building or on building property.

\_\_\_\_\_ Reservations are accepted by people that are at least 21 years of age. The representative making the reservations must be present during the event.

\_\_\_\_\_ Grace United Methodist Church assumes no responsibility for any person that may sustain any injury while on the property or within the building.

\_\_\_\_\_ Key/FAB Policy and/or Door Policy: Ensure all doors are locked after your event has ended. Place key or FAB obtained in the mailbox near office door after use.

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\_\_\_\_\_ Please contact the event coordinator or the office staff with questions. I acknowledge, understand, and will adhere to the above guidelines.

\_\_\_\_\_ I certify that I am at least 21 years of age, and I will be present during the event.

\_\_\_\_\_ I accept financial responsibility for any damage that may be incurred to the building, property, equipment, and furnishings during the event.

\_\_\_\_\_ I understand that Spencer Grace United Methodist Church is not responsible, or liable, for any injuries that may occur during the event.

\_\_\_\_\_ All donations and deposits will be payable to Grace United Methodist Church (GUMC) Spencer.

_____	_____	_____
Printed Name	Phone Number	Email
_____		_____
Signature	Date	

<b>OFFICE USE ONLY:</b>		
Event Approved By: _____		
_____ Date Event Reservation was documented on the GUMC Calendar in the office.		
_____ Date Event Reservation was listed on online GUMC Calendar		
_____ Date Event Set-Up Team notified		
<b>Date Notified:</b>	<b>Summary:</b>	<b>Employee Initials:</b>
_____ Custodian	Custodial Cost: _____	_____
_____ Organist/Pianist	Organist Pianist Cost: _____	_____
_____ Pastor	Pastoral Services Cost: _____	_____
_____ Trustees	Suggested Facility Use Cost: _____	_____
_____ Funeral Team	Non-Profit Fee Adjustment: _____	_____
<b>Total Cost:</b> _____		
Date Donation Payment Collected: _____		_____
<b>Checks Payable to Grace United Methodist Church Spencer</b>		