

FACILITIES USE REQUEST FORM for a COMMUNITY EVENT

FIRST UNITED METHODIST CHURCH

1551 Montgomery Dr. 95405
(707)545-3863

Date of Request: _____
month/day/year

Person/Group requesting use: _____

Church Program

Activity/Event name: _____

Community Use

COMMUNITY USERS: Name of NON-PROFIT ORGANIZATION: _____

We are happy to be able to offer our facilities for the extension of our work into the community. Your teamwork with us will ensure our continuing ability to keep the costs of doing so at a minimum level.

Actual time event begins: _____ AM/PM

Number of attendees: _____

Day(s)	DATE(S)	ROOM(S) Indicate 1st & 2nd choice	READY time (AM/PM)	DEPARTURE (AM/PM)

** If you use Fellowship Hall on Sat afternoon you must set it up for Sunday morning service and coffee.*
SET UP AND CLEAN UP (check one)

- I will be responsible for ALL SET-UP and CLEAN-UP. I understand that you count on us to return rooms to their standard set-up after use.
- I need help in setting up and/or cleaning up our room(s). I WILL DISCUSS THIS WITH YOU PERSONALLY AT LEAST ONE WEEK PRIOR TO THE DATE and submit a schematic with this request. I understand that custodial help is limited and that there may be an EXTRA CHARGE.

- I have complete the kitchen orientation for the new kitchen.
EQUIPMENT (check if you need to make arrangements)

- I need equipment (chairs, tables, easels, sound equipment, etc.) not normally in the room(s). Please help me make arrangements for this.

_____ Chairs _____ Tables _____ Other
I understand that you count on us not to take furnishings or equipment from any other rooms.

I AGREE TO BE RESPONSIBLE FOR (Please check that you have read and understand)

- Using ONLY the room(s) that have been requested and confirmed.
- Using ONLY the chairs, tables, and other equipment in these rooms unless other arrangements are made.
- NOT permitting SMOKING in ANY ROOMS or ALCOHOLIC BEVERAGES ON THE PREMISES.
- Closing all WINDOWS and DRAPES and turning off all LIGHTS before LOCKING ALL DOORS after our use.
- Locking all bathroom doors (evening use).
- Returning assignd key(s) promptly after the activity/event.
- I/we will provide a certificate of liability coverage naming First United Methodist Church of Santa Rosa as "Additional Insured."
- I/we will provide a copy of 501(3c), and when applicable a copy of Welfare Exemption & copy of Organizational Clearance Certificate.

SIGNED: _____ TITLE: _____

PRINT NAME: _____ H() _____ W() _____

Address _____ City _____ Zip _____

***** For Office Use Only *****

APPROVED: Preliminary Calendar Check _____ Staff Approval _____ Computer entry _____ Date _____

Charge/Amount for Room _____ Multiple events entered thru _____

REQUEST CONFIRMED: _____ Date: _____

Deposit received \$ _____ Date _____ Balance received \$ _____ Date _____