



UNION CHURCH – UNITED METHODIST
 600 HIGHLAND AVENUE
 FALL RIVER, MASSACHUSETTS 02720
 Telephone 508-676-3091



Facility Use Request Agreement

Name: _____

Address: _____

Telephone: _____

Email: _____

Description of Facilities to be used (Including date and time):

Approval Required By:

Board of Trustees Point Person or Lay Leader: _____

Donation for Usage

Security Deposit	\$150
Members & Non-Members – Custodial Services	\$75

Non-Member Donations:

Social Hall	November thru March	\$250	April thru October	\$150
Narthex		\$50		

Donation is payable in full at least two weeks prior to usage.
 A separate check is required for the security deposit and will be returned when the keys are returned.

Keys Issued Date: _____ Keys Returned Date: _____

Agreement prepared by: _____ Date: _____

Signature of party requesting usage: _____ Date: _____

This is a non-smoking facility. Smoking is allowed at the north corner of the building outside only. We ask that you respect this space and dispose of all smoking materials properly.