



GREENE STREET UNITED METHODIST CHURCH

Facility Request Form

Date of Event _____ On Going Until (date) _____ Time of Event _____ to _____

Room Use: (check all that apply)

- Wilson Hall (large room in basement) Wall/Wesleyan Room (smaller conference room in basement)
 Parlor Sanctuary / Narthex ABC Room (class off narthex) Room 201/202 (above office)
 Other _____

Organization _____ Person Responsible _____

Address _____ Phone _____

Cell _____ Email _____

Nature of Event _____ Expected Attendance _____

Deposit Paid _____ Keys Assigned _____ Keys Returned _____

It is understood that the use as requested will be in accordance with The Book of Discipline of the United Methodist Church and policies adopted by the Administrative Council of this church including the following:

1. Insurance coverage for injury/damage is the responsibility of the organization/individual using the facility. Greene Street UMC will not be held liable for injury/damage occurring during the above noted time.
2. Any related custodial expenses, such as setting up before the event or re-arranging and clean-up after the event, will be charged at the \$15 per hour rate. Special arrangements (number of chairs, tables, etc and how arranged) must be made with Custodian one week in advance if custodial services are required.
3. Groups shall not be permitted to use the church for for-profit fundraising, lotteries, raffles, or any type of game of chance.
4. Each group shall stay in the area assigned to prevent possible conflict with other meetings or groups.
5. The kitchen may not be used unless special permission and instructions have been given.
6. The group using the facilities is responsible in case of damage to the building or equipment, either by its members, or by persons attracted by their activities.
7. Groups assigned keys for opening and closing purposes assume responsibility for any damages incurred if the facility is not closed properly.
8. The use of the organ will be by approval of the Director of Liturgical Arts only.
9. There shall be no smoking in the church.
10. There shall be no use or display of alcoholic beverages.
11. Groups may not use supplies or equipment from any other area unless prior permission has been given. (i.e. toys, VCR, art supplies, sound system)

Full payment for the use of the facilities and the custodial fees must be made at least one week in advance of use, at the church office, 415 W. Greene Street, Piqua.

I have read the above and accept responsibility for this event.

Signed _____ Date _____

Please copy this signed Request for Use of Facilities
cc: Group Representative, Custodian, File

OFFICE APPROVED (INITIALS) _____

415 W. Greene St.
Piqua, Ohio 45356
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Visit us at:
www.greenestreetumc.org

Our Mission:
*"Making disciples of Jesus
who transform the world."*