



**Building Use Form**

This form must be filled out and returned to the *Church Office* no less than 2 weeks prior to your event. Groups that have requested a date and time AND have returned a **Building Use Form** will have priority.

Name of Organization/Group \_\_\_\_\_

Responsible Party \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Preferred method of contact \_\_\_\_\_

Event Name and Description \_\_\_\_\_

Date(s) Requested \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Purpose of event \_\_\_\_\_ Church Sponsored Event \_\_\_\_\_ Member Use \_\_\_\_\_ Non-Member  
\_\_\_\_\_ Community Organization/Non-profit \_\_\_\_\_ Other

Frequency of event \_\_\_\_\_ One Time \_\_\_\_\_ Monthly \_\_\_\_\_ Weekly \_\_\_\_\_ Multiple Days

Room(s) Requested

\_\_\_\_\_ Fellowship Hall \_\_\_\_\_ Kitchen \_\_\_\_\_ Lounge \_\_\_\_\_ Sanctuary \_\_\_\_\_ Education Wing  
\_\_\_\_\_ Reichley Room \_\_\_\_\_ Full Facility \_\_\_\_\_ Other \_\_\_\_\_

Anticipated Number of Participants \_\_\_\_\_

Will Participants be Charged a Fee \_\_\_\_\_ Yes \_\_\_\_\_ No

Will Food or Drink be Consumed \_\_\_\_\_ Yes \_\_\_\_\_ No

Special Needs/Setup Instructions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I hereby acknowledge that I have read the Building Use Policies and guidelines for Christ United Methodist Church and I agree to abide by them.

\_\_\_\_\_ I agree to comply with the guidelines for the use of Church Facilities and assume responsibility for following all the guidelines.

\_\_\_\_\_ I understand that I am responsible to return the room(s) to the set up that I found it in. If there is damage or additional cleanup needed I understand additional fees could be assessed.

\_\_\_\_\_ The person/organization requesting the use of Christ United Methodist Church facilities hereby absolves the church, its pastors, leadership, trustees, members, or people of any liability for personal injury to any individual resulting from the use of the church facilities and agrees to be responsible for any property damage that results during the use of the facilities. Please report any damage to the church office promptly at 215-855-1643

\_\_\_\_\_ Date: \_\_\_\_\_  
**Signature of Responsible Party**

\_\_\_\_\_  
**Printed Name**

**\*\*If you are an organization or business please provide a certificate of insurance to the church office.\*\***

<b><i>For Office Use Only</i></b>	
<b>Room Use Category</b> _____	
<b>Date Received</b> _____	<b>Fee</b> _____
<b>Date and Time of Event</b> _____	
<b>No Conflict</b> <input type="checkbox"/> _____	<b>Fee Paid</b> <input type="checkbox"/> <b>Amount Received, Date and Initials</b> _____
<input type="checkbox"/> <b>Request Approved</b>	<input type="checkbox"/> <b>Request Denied</b> <b>Approved By</b> _____
<b>Notes</b> _____	
<b>Applicant Notified</b> <input type="checkbox"/> <b>(Name)</b> _____	<b>By</b> _____
<b>Google Calendar</b> <input type="checkbox"/> <b>Date and Initials</b> _____	
<b>Comments:</b>	