

# Columbia Heights United Methodist Church

775 Galloway Rd., P.O. Box 327, Galloway, OH 43119 ❖ (614) 878 – 4530 ❖ ssmithrios@columbiaheightsumc.com

## Building Use Application

**All requests will be approved by an authorized agent of Columbia Heights Church prior to scheduling on church calendar**

Complete all fields on this form, read the information attached, and sign the liability waiver on the back. Please return this form to the church office. The Office Administrator will contact you to let you know the status of your request. Donation payment is not needed until your request has been approved. Please complete this form at least two weeks prior to your event.

**Today's Date:** \_\_\_\_\_ **Date(s) of Event:** \_\_\_\_\_

**Total Time (Including set up and clean up time):** \_\_\_\_\_ **Event Time:** \_\_\_\_\_

**Name or Type of Event:** \_\_\_\_\_

**Group Name (If Applicable):** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Complete Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Approx. # of People:** \_\_\_\_\_

**Please checkmark the category below that best describes your group:** (Non-Affiliated Group – Outside groups who have no affiliation with our church; Partner Group – Groups or individuals who attend regularly, or who are church members.)

Non – Affiliated Group

Partner Group

**Suggested Donation** (Is for hourly use, based upon church associated costs i.e., utilities, water, wear & tear, property maintenance, custodial, and administrative expenses) Please checkmark the room(s) you are requesting to use:

Room	Room Number	Non – Affiliated Group Rate	Partner Group Rate	Number of Hours
<input type="checkbox"/> Classroom (Occupancy: 8-10)	117	\$20.00 per hr.	\$10.00 per hr.	_____
<input type="checkbox"/> Family Ministries Room (FMR) (Occupancy: 31)	None	\$20.00 per hr.	\$10.00 per hr.	_____
<input type="checkbox"/> Chapel (Occupancy: 97)	135	\$45.00 per hr.	\$35.00 per hr.	_____
<input type="checkbox"/> Family Life Center/Gym** (FLC) (Occupancy: 320)	129	\$60.00 per hr.	\$50.00 per hr.	_____
<input type="checkbox"/> Family Life Center/Gym w/ Limited Kitchen Usage	129	\$70.00 per hr.	\$60.00 per hr.	_____
<input type="checkbox"/> Youth Room A (Occupancy: 25)	128	\$25.00 per hr.	\$20.00 per hr.	_____
<input type="checkbox"/> Youth Room A w/ Limited Kitchen Usage	128	\$35.00 per hr.	\$30.00 per hr.	_____
<input type="checkbox"/> Kitchen Full Usage* (Using stoves or ovens)	127	\$40.00 per hr.	\$30.00 per hr.	_____
<input type="checkbox"/> Sanctuary** (Occupancy: 620)	None	\$60.00 per hr.	\$50.00 per hr.	_____

**Office Use Only:**

**Total Donation:** \$ \_\_\_\_\_ **Date:** \_\_\_\_\_ **Approved by:** \_\_\_\_\_

**Total Hours:** \_\_\_\_\_ **Paid:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Cash:** \_\_\_\_\_

**Application Disapproved:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

\*Kitchen Limited Usage: Allows use of basic kitchen needs i.e. sinks, microwave, refrigerator, and prep space.

\*Kitchen Full Usage: Allows use of the above stated kitchen needs along with use of the ovens and/or stove tops and utensils (which need washed and put away after use). This request may result in the required need of supervision from a UMW representative, which is an additional \$75.00.

\*\*Rooms that have tech availability i.e. sound systems, projector screens, etc. If any of this equipment is needed, a tech assistant will be required at an additional cost of \$75.00. No use of equipment is permitted without supervision.

Please sign Liability Waiver on the back →

# Columbia Heights United Methodist Church

775 Galloway Rd., P.O. Box 327, Galloway, OH 43119 ❖ (614) 878 – 4530 ❖ ssmithrios@columbiaheightsumc.com

## Liability Waiver

**Liability Waiver:** The following signatures indicate the party claiming responsibility for the building during its use and all participants under supervision and/or having equal participation of the building relative to the same use, here within relieve Columbia Heights United Methodist Church from all liabilities in the event of any injury or illness incurred while visiting the premises.

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Group Name: \_\_\_\_\_ Approved By: \_\_\_\_\_

### Building Use Form Check List:

- ✓ Sign above waiver before submitting to the church office
- ✓ Be sure to include set up and clean up times on this form
- ✓ If there are any special needs or requests, please speak to the office Administrator upon submission of this form
- ✓ A copy of the approved form will be mailed to you at the address you have provided

If your event has more than one date, please list them here. If dates have different time, please complete another form for those dates.

- |           |            |            |
|-----------|------------|------------|
| 1.) _____ | 6.) _____  | 11.) _____ |
| 2.) _____ | 7.) _____  | 12.) _____ |
| 3.) _____ | 8.) _____  | 13.) _____ |
| 4.) _____ | 9.) _____  | 14.) _____ |
| 5.) _____ | 10.) _____ | 15.) _____ |

Notes: \_\_\_\_\_

### For Office Use Only:

Event Host: \_\_\_\_\_

Date of event confirmed by Office Administrator; Initials: \_\_\_\_\_

### Building Use Form Check List:

- If the event is scheduled on a Sunday, Monday, Friday or Saturday, then an “Event Host” is required to be found prior to scheduling this Event.
- If an event has 50 or more guests attending during preschool hours, the preschool Director Pat Emmelhainz must be notified so she can make parking lot plans accordingly.

Other Notes: \_\_\_\_\_