

# Facility Use Request Form

Calvary United Methodist Church  
 2315 South Grant Street, Arlington, VA 22202  
 www.calmeth.org  
 (703) 892-5185 - [admin@calmeth.org](mailto:admin@calmeth.org)



Date: \_\_\_\_\_

Calvary UMC requires all groups to read and abide by our "Policy for Use of Church Facilities" and may require groups to provide a Certificate of Insurance.

- I have read and agree to the guidelines in the Policy for Use of Church Facilities
- I have read and agree to the guidelines for "Safe Sanctuaries" Policy

## Event Information

Date(s) of Event: _____	Space(s) Requested: (check ALL that apply)
Day of Week (if recurring event): _____	<input type="checkbox"/> Sanctuary
Event Start Time: _____ Event End Time: _____	<input type="checkbox"/> Memorial Hall (under the sanctuary)
Set-up Time: _____ Completion Time: _____	<input type="checkbox"/> Harris Hall (room with stage)
Number of Participants: _____	<input type="checkbox"/> Small Meeting Room (across from office)
Will you be charging a fee? <input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Classroom 1 (up on left)
If "yes": \$ _____ per _____	<input type="checkbox"/> Classroom 2 (up on right)
Event Description / Purpose:	<input type="checkbox"/> Classroom 3 (up straight back)
	<input type="checkbox"/> Library (up behind C1)
	<input type="checkbox"/> Kitchen
	<input type="checkbox"/> Parking Lot
	<input type="checkbox"/> *Skidmore Basement
	<input type="checkbox"/> *Skidmore Classroom (indicate specifics)
	_____
	<input type="checkbox"/> Other
	_____

## Point of Contact Information PLEASE PRINT

Mr./ Mrs./Ms./Miss/Other: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## ORGANIZATIONAL INFORMATION PLEASE PRINT

Organization Name: \_\_\_\_\_  
 Organization Description: \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Insurer: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\*Use of space in Skidmore (the Preschool building) may require approval of the Preschool Dir.

(please do not write below line – church use only)

**Administrator**

Date Received: \_\_\_\_\_ Space Available: Yes /No  Added to Church Calendar Yes /No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pastor**

Pastor Approval: Yes /No  Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Trustees**

Trustee Approval: Yes /No  Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate intended payment schedule \_\_\_\_\_

Deposit: \$ \_\_\_\_\_ Custodial Fee: \$ \_\_\_\_\_ BLDG Fee: \$ \_\_\_\_\_ Key Deposit: \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_ Total Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_