

GOOD HOPE UNION UNITED METHODIST CHURCH- FACILITY RENTAL APPLICATION

APPLICANT: _____

APPLICATION DATE: _____ EVENT DATE: _____ TYPE OF EVENT _____

EVENT START TIME: _____ EVENT END TIME: _____ (INCLUDES SET-UP/CLEAN-UP)

CONTACT: _____ PHONE: _____

SPACE REQUESTED (PLEASE CHECK). BASE PERIOD IS 4 HOURS. PLEASE REFER TO ATTACHED FACILITY RENTAL RATES FOR SPECIFIC FEES (RENTALS, DEPOSIT, REFUND, RETURNED CHECKS)

__ SANCTUARY (SEATING CAPACITY 370) RENTAL FEE _____

__ FELLOWSHIP HALL (SEATING CAPACITY 250) RENTAL FEE _____

__ FELLOWSHIP HALL & KITCHEN RENTAL FEE _____

(LIABILITY INSURANCE IS REQUIRED FOR KITCHEN RENTALS)

__ LARGE CLASSROOM (SEATING CAPACITY 50) RENTAL FEE _____

__ MEDIA ROOM (SEATING 15) RENTAL FEE _____

__ DAMAGE CONTROL DEPOSIT DAMAGE FEE _____

TOTAL FEES _____

EQUIPMENT REQUESTED:

OF TABLES _____

OF CHAIRS: _____

_ Sound system: if the Sound System and/or PowerPoint is needed, the Trustees will provide a list of qualified Multi-media Technicians to discuss your needs and the fees. Note: Facility rental fees DO NOT include the charges for operating the Sound System and PowerPoint. These fees are paid directly to the multi-media technicians on duty. Payment is due the day of prior to the event.

NOTE: PLEASE REFER TO THE "REGULATIONS FOR USE-GHUUMC" FOR ADDITIONAL INFORMATION.

SIGNATURE OF APPLICANT: _____

ADDRESS: _____

FOR OFFICE USE ONLY

APPROVED BY: _____

DEPOSIT: _____ **RECEIPT NO:** _____

COMMENTS: _____