

**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/event/clean up)

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Space Requested (please check). Base period for use is 4 hours. Please refer to attached "Facility Rental Rates" for specific fees (rental, deposit, refund, returned checks)**

Sanctuary (seating capacity 370) Rental Fee: \_\_\_\_\_

Fellowship Hall (seating capacity 250) Rental Fee: \_\_\_\_\_

Fellowship Hall & Kitchen (Liability insurance required for Kitchen use) Rental Fee: \_\_\_\_\_

Large Classroom (seating capacity 50) Rental Fee: \_\_\_\_\_

Media Center (seating capacity 15) Rental Fee: \_\_\_\_\_

**Total Fee:** \_\_\_\_\_

**Equipment Requested:**

# of Tables: \_\_\_\_\_

# of Chairs: \_\_\_\_\_

Sound System (If sound system and/or Powerpoint is needed, the Trustees will provide a list of qualified system operators. Facility rental fees do not include a charge for operating the sound system. The applicant should contact an operator to discuss the fee and payment for this service. GHUUMC does not collect payment for this service.)

**Note: Please refer to the attached document "Regulations for Use-Good Hope Union United Methodist Church" for additional information.**

**I/We have read and agree to comply with the Regulations for Use.**

Signature of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

FOR OFFICE USE ONLY

Approved by: \_\_\_\_\_

Deposit: \_\_\_\_\_

Receipt No: \_\_\_\_\_

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