



# SUGAR RIVER UNITED METHODIST CHURCH

## FACILITY USE REQUEST FORM

### (NON SUGAR RIVER UMC SPONSORED EVENT)

Please return completed form to the church office as far in advance of date requested as possible to confirm your reservation.

1. \_\_\_\_\_ Date: \_\_\_\_\_

(Group or Individual requesting use)

2. Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Date(s) Requested: \_\_\_\_\_ If recurring - Start date: \_\_\_\_\_ End date: \_\_\_\_\_

4. Time Requested: Begin: \_\_\_\_\_ End: \_\_\_\_\_

5. Member or regular attendee who will be present: \_\_\_\_\_

6.  I have access to the building (key).  I will need access to the building.

7. \*Facilities needed (please check all rooms you plan to use):

- Sanctuary  Fellowship Hall  Conference Room
- Kitchenette \*  Nursery  Lower Level

*(Kitchen has limited capabilities.)*

8.  \*Audio/video support requested: . Please explain type of media support requested \_\_\_\_\_

9.  Special facility configuration/furniture arrangement. *Please diagram requested setup on back of this form.*

10. Please explain activity to be held: \_\_\_\_\_

Estimated number of people involved: \_\_\_\_\_

The person/organization requesting the use of Sugar River United Methodist Church facilities hereby absolves the church, its pastor, leadership, 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.

Signature of this form indicates acceptance of all applicable guidelines as specified in the Sugar River Facility Use Policy..

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

**Signature of Responsible Party**

**For office use only:**

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CC:**  
 (Office)       (Trustees)       (Building)       (Other)       (Other)