

Community United Methodist Church
3487 Route 130, Irwin, PA 15642
REQUEST FOR USE OF THE FACILITIES

NON-MEMBERS AND ORGANIZATIONS

Name of Group: _____ Date _____

Contact Person: _____

Please indicate the preferred method of contact: ___ Phone ___ Email ___ US Mail

Address _____

Phone: _____ Cell _____ Email _____

Intended Use of Facility: (describe in detail the function – Example wedding reception, baby shower)

Date for requested event _____

Start time for event/activity (time participants arrive) _____ End time for event _____

Set-Up Date _____ Start time for set up _____ End time for set up (Same as activity start time above) _____

Begin Clean up time(should be same as end time for activity above) _____ End time for clean up _____

Will you need use of the Kitchen Facilities _____yes _____no If yes, will you need assistance from our Kitchen Team _____yes _____no If yes, additional fees may apply based on specific need.

If you will be working in the kitchen without our team, please list name and phone number of person trained in CUMC kitchen policies _____

Will you need Tables, Chairs, and/or Stage Set up _____yes _____no Please see the fee schedule below. If yes, how many round tables _____ rectangle tables _____ and chairs _____ and Stage yes or no _____

Audio visual – Microphone only (no speakers, stage, etc available without Audio Visual Team)

Will you need any audio visual _____yes _____no If yes, additional fee may apply based on specific need

If no, will you need the microphone _____yes _____no

Organized groups are required to carry a minimum of \$1,000,000 liability insurance naming Community United Methodist Church as additional insured. Insurance certificate must be submitted prior to approval.

Donation Schedule

Multi-Ministries Room	\$35.00/hour
Tables/Chairs	
• Up to ¼ of room (1-10 tables with chairs)	\$15.00
• 1/4 – ½ of room (11-20 tables with chairs)	\$30.00
• ½+ of room (20+ tables with chairs)	\$60.00
• Stage	\$60.00

If you are requesting the donation requests be reduced, please provide an explanation.

Organized groups are required to carry a minimum of \$1,000,000 liability insurance naming Community United Methodist Church as additional insured. Insurance certificate must be submitted prior to approval.

_____ (please initial) **We understand there may be a returnable security deposit of \$200.00**

All one time donations are requested within fourteen days of notified approval of request. For long term sessions the first two sessions donations should be made in advance and the balance should be made before the start of the third session. All donations are made to the Church office.

I acknowledge that I have read and accepted all the conditions in the policy governing use of the church property, facility use agreement, and the safe sanctuary policies and attest that the above supplied information is correct. By submitting this form electronically, my typed name below will indicate acknowledgement.

Signature	Date

Print Name _____