

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

CHARITABLE ORGANIZATIONS OUTSIDE CUMC
(Ex. Girls Scouts, Boy Scouts etc)

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) – See Donation Schedule Below.

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 assistance with clean up _____yes _____no If no, please list name and phone number of person familiar with 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 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 and Chairs Set up _____yes _____no

Will you need assistance setting up tables and chairs _____yes _____no

If no, please list name and phone number of person familiar with setting up tables and chairs _____

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

Will you need any audio visual _____yes _____no

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 with application.

Donation Schedule

Multi-Ministries Room (recreational)	\$35.00/hour
Multi-Ministries Room (non-recreational)	
___ Up to 5 hours	\$225.00
___ All Day	\$300.00
___ Receptions Ex. Banquets	\$450.00
Set up and removal cushioned chairs and round tables	5.00/table

Quantity of tables _____ Quantity of chairs _____

(If re-arrangement is necessary after original set-up, and additional \$2.00/table will be required)

Kitchen – Please contact Kitchen Ministries Team for assistance and donations

Audio Visual – Please contact A/V team for assistance and donations

If you are requesting the donation requests be waived, 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 with application.

_____ (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 before picking up the keys for facility use.

I ACKNOWLEDGE THAT I HAVE READ AND ACCEPTED ALL THE CONDITIONS IN THE POLICY GOVERNING USE OF CHURCH PROPERTY AND ATTEST THAT THE ABOVE SUPPLIED INFORMATION IS CORRECT. BY SUBMITTING THIS FORM ELECTRONICALLY, MY TYPED NAME BELOW WILL INDICATE ACKNOWLEDGEMENT.

Signature

Date

Community United Methodist Church
3487 Route 130, Irwin, PA 15642

FACILITY USE AGREEMENT

(for use of outside groups who charge fees to participate, or for long term use)

OUR GROUP _____ is interested in using on a temporary basis the _____ at Community United Methodist Church on the dates listed.

Our organization is releasing Community United Methodist Church from any and all liabilities related to the use of the facilities and has provided indemnification to the Church.

Community United Methodist Church, its members, officers, employees, and agents are not responsible for any liability, damages, or injuries to any person or property relating to or resulting from our use of the facilities provided to us.

We agree to hold harmless and indemnify Community United Methodist Church, its members, officers, employees, and agents from and against all claims, losses, liabilities, damages, cost, and expense (including reasonable attorney's fees) resulting from or relating to the use of the facilities.

We accept the facilities on an "as is" basis and we will be responsible for the care of the facilities during the scheduled time of use. We also agree to conform to the POLICY GOVERNING USE OF CHURCH PROPERTY and acknowledge our receipt of a copy of the Policy.

Our organization has purchased and maintains insurance policies, which provide coverage to the Community United Methodist Church requirements of indemnification. We certify that the insurance policies are paid and current and will be maintained through the dates, which have been requested. A current certificate of insurance (COI) is enclosed.

We acknowledge that any and all contributions will be payable as follows:

Long Term Use: The first two sessions are to be paid in advance. The balance shall be due before the start of the third session.

For One Time Use: Payment must be made within fourteen days (14) of notification of request approval.

Signature of Representative _____
Date

Please Print Name _____

=====Official Use Only=====

Accepted (Yes/No) _____ Date: ___/___/___ By: _____

COI Received (Yes/No) _____ Date: ___/___/___

Donation Received (Yes/No) _____ Date: ___/___/___ Amount: _____