

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

INDIVIDUAL CHURCH MEMBER USAGE
(Ex. Bridal/Baby shower, reception, birthday party, etc.)

Contact Person: _____ Date _____

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

Donation Schedule

Multi-Ministries Room (All uses except as listed below) – Donations Welcome

(non members recreational-party suggestion is \$35.00/hour)

Suggested Donations:

Receptions (Maintenance Donation) 4+ hours \$150.00

Set up and removal cushioned chairs and round tables 5.00/table

Quantity of tables _____ Quantity of chairs _____

Housekeeping – MMR should be in same condition at conclusion of event as it was at the start of the event with the exception of trash removal and floor scrubbing.

Requested donation \$ 75.00

Will you be housekeeping yourself _____yes _____no

If after the event the room needs housekeeping except as indicated above, we will request this donation.

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

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