

Facility Use Request

Org. Name: _____ Today's Date: __/__/__

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Day of Week: _____

Dates: from __/__/__ to: __/__/__

Unlock Door Time: _____

Event Time: - Start _____ - End _____

Relock Door Time: _____

Purpose: _____

Notes: _____

Applicant agrees to the "*Facility Use Policy*". See Web Site.

Areas requested anywhere on CUMC property:

- | | |
|---|--|
| <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Narthex Special Use |
| <input type="checkbox"/> Kitchen <input type="checkbox"/> Range | <input type="checkbox"/> Parking Lot Special Use |
| <input type="checkbox"/> Room 4 (Nursery) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Need Heat | |

"*Close-up Check List*" done by _ User _ Church. See Web Site.

Quantity of Items to be taken off premise:

Tables _____ Chairs _____ Other _____

..... To be completed by CUMC

Cost: _____ Approve? __ by _____ Date: __/__/__