

ARISE UMC

11211 Dexter-Pinckney Rd.

Pinckney, MI

48169

734-878-1928

Request for use of Facilities

Person/Group submitting request:		Church member	Y/N
If this is a group request who is the sponsoring party:		Church member	Y/N
Home phone #:	Cell phone #:		
email address:			
Is the request part of a church ministry:		Y/N	
If this is a group request please describe the group's function:			
Day/Date requested:	Start time	End time (no later than 10pm)	
Is this request for:	one time meeting	weekly meeting	monthly meeting
If the request is for multiple meetings what is the first month needed		last month needed	
<i>Requests for multiple ongoing meetings must be renewed every 6 months</i>			
How many people are in the group:			
What will the room be used for:			
What room are you requesting		Second choice if #1 is unavailable	
Number of tables needed		Number of chairs needed	
Will you be using the video equipment in the room		Y/N	

If not already in place, tables and chairs must be set up and taken down by the group using the facilities

Person responsible that will be on-site the day of the event

Is the person that will be on-site the same person making the request		Y/N
If no, please complete the remainder of the form		Name:
Person on-site must be a member of the church		
Home phone #:	Cell #:	email:
Does this person have keys to the building		Y/N

I have read and understand the rules for use printed on the back of this request (Church usage rules).

This application is subject to approval by the Board of Trustees here at Arise United Methodist Church. No use of Church facilities is permitted without prior written authorization. This document has been read by the applicant which contains complete and accurate information. Any changes to this event must be submitted in writing by completing another Church Usage Request Form. Upon approval, the applicant is responsible for supervision, clean-up and any damage that was incurred during the event.

Through submission of this form, we recognize the church is not liable for injuries sustained during our meeting/event. All non-ministry events must be approved by the Trustees

Signature of applicant _____ Date _____

Approved by _____ trustee Date _____

Office Use	Date request approved: _____
Amount of fees collected if not a church ministry group: \$ _____	Check/Cash
Person that approved request: _____	

Deposit: _____ Rental Donation: _____ Balance Due: _____

Under no circumstances may the church facilities be used by non-members for fund raising purposes