

St. Peter's United Methodist Church Facility Usage Request Form

Name of organization/group: _____

Address of organization/group: _____

Contact Name: _____ Phone No. _____

Number of people in organization/group: _____

Date facility use is requested: From _____ to _____

Time event will occur: From _____ to _____

Name of event: _____

Purpose of event: _____

Will this event involve only members of organization: yes no

If no, who will be attending other than your organization or group:

Friends Family General Public Other _____

No. of people expected: _____

Is it a church function? yes no If yes, contact custodian for setup.

What room/rooms are you requesting for this event?

Social Hall Kitchen Chapel Other _____

Please list any additional items you are requesting use of for this event (chairs, tables, etc.)

St. Peter's United Methodist Church gladly supports and hosts various groups and activities with the use of our facilities. We ask that you oversee your event from start to finish with the utmost respect and consideration.

All requests MUST be submitted in writing, with a copy of your group insurance policy, to the Church Council for consideration and approval.

The applicant and the individual executing this application hereby waive any and all claims, demands, and causes of action which they may have against St. Peter's United Methodist Church as a result of the use of church facilities pursuant to this application. The applicant and the individuals executing this application shall indemnify and hold harmless St. Peter's United Methodist Church and its officers, agents, and employees from and against any and all claims, demands, causes of action, and all other loss and expense, including reasonable costs of litigation arising out of or associated with the use of church property by the applicant group and its members, guests, employees, and agents pursuant to this application.

We have read and agree to comply with the "POLICIES AND REGULATIONS REGARDING USE OF CHURCH FACILITIES BY NONCHURCH GROUPS."

Signature of Applicant: _____

Address: _____ Phone No. _____