

Application for Use of Facility

Mt. Pisgah United Methodist Church
1100 Mt. Pisgah Drive, Midlothian, VA 23113
Phone: (804) 794-5856 or Fax: (804) 379-3970

Name of Group: _____

Space Requested*: (**circle below**) Date Requested _____ Time: _____

List: 107, 109, Gathering Room, Kitchen, 209, 211, 214, 216, 217, 301, 302, 303,
304, Chapel, Sanctuary, CFLC (A), CFLC (B), CFLC Kitchen

* (Day: M, T, W, TH, F, Sat., Sun.,)

(Monthly___ or Weekly___) with Trustee Approval. Must submit annually.

Nature of Use _____

Number of Attendees Expected* _____

*Groups with 150+ attendees may be required to provide security (i.e., off-duty Chesterfield County Police officers).

Applicant's Name: _____

Address: _____, VA Zip _____

Phone (W) _____ (H) _____ (C) _____

Email _____

Are you a member of Mt. Pisgah UMC? _____

Two other people who will be present during the use of our facilities are:

Name: _____ Phone: _____

Name: _____ Phone: _____

Date: _____ and Time: _____ submitted.

Services	Request	Est. Fee
CFLC (A or B)		
CFLC Kitchen		
Classroom		
CFLC Coordinator		
CLFC Kitchen Coord.		
A/V Technician		
Janitor		

Agreement of Users

(Please read carefully)

I have read and thoroughly understand all the rules and regulations of Mt. Pisgah United Methodist Church as they relate to the use of the facility, including the Mt. Pisgah Child Protection Guidelines.

I (my organization, as well as those who participate) assume complete responsibility for all church property as well as those who participate in the activity applied for.

I (my organization) will replace or have replaced, within seven days, any damaged property for which we are liable.

I (my organization) understand that keys will not be duplicated or given to others in my group. If it is determined that keys given to me were duplicated by me or any of my participants, I agree to pay for new locks throughout the entire church structure. I will return all keys assigned to me to the office at the completion of my event or contract within 48 hours. Keys may be left in the Office Managers mail box.

I (my organization) will use only that part of the building that I have been given permission to use. Using areas not given permission for could result in loss of all usage privileges.

I (my organization) agree(s) to hold harmless, indemnify and defend Mt. Pisgah United Methodist Church from any and all liability which may result from any person using the facilities within the scope of the application.

I (my organization) agree(s) to be responsible for preparing for use and returning to same condition in which it was found, all areas which I, or we will use, including entrances and exits.

I agree that the Church as first priority for any space within and I may be moved to another location in the church or another date should the Church require the space.

Agreed upon and signed: _____

Date: _____

(FOR OFFICE USE ONLY)

APPROVAL AND SCHEDULING OF FACILITIES

Room Assignment: _____ Rental Fee: _____ Janitor Fee: _____

Deposit Received: _____ Check No.: _____ Key Needed: _____ Returned: _____

Special Instructions: _____

Office Manager Approved: _____ Date: _____

Final Approval by: _____ Date: _____