

Hickory Flat UMC

Application for Use of Facilities

Name of Committee or Group: _____

Expected Attendance: _____

Contact Person: _____ Telephone: _____

Email Address: _____

Type of Activity: _____

Activity Day and Date: _____

Time: _____ AM PM - _____ AM PM

Member or regular attendee who will be present: _____

I have access to the building (key) I will need access to the building

Room/Area Requested: _____

Will you need room set-up? _____

Is Audio/Visual Equipment needed? _____

Will childcare be needed? _____

If yes, # of children expected (infant – 3 years old) _____

of children expected (4 to 11 years old) _____

Office Use Only

Group Level 2 Group Level 3

Insurance Certificate Received Liability & Hold Harmless Agreement Received

License Agreement for Use of Facilities

Refundable Security Deposit \$ _____

Facility Fee \$ _____ Access Fee \$ _____ Audio/Visual Fee \$ _____

Custodial Fee \$ _____ Childcare Fee \$ _____

Approved By:

Director of Facilities Date _____

Board of Trustees Date _____

Senior Pastor Date _____