

**GREAT BRIDGE UNITED METHODIST CHURCH
REQUEST FORM FOR USE OF CHURCH FACILITIES**

Beginning Date: _____ Time: _____

Ending Date: _____ Time: _____

Organization/group/ Individual: _____

Activity: _____ Number of people expected: _____

Age range of attendees: Adults Children 0-4yrs
 Youth 13-18 Children 5-12yrs

Use requested for: Sanctuary: Social Hall:
Kitchen: Grounds:
Classroom/s: _____

The above named applicant agrees to be responsible for any damages sustained by Church facilities or property while being used by the applicant. The applicant agrees to hold harmless and release the Great Bridge United Methodist Church, its officers and agents from responsibility due to injury, accident, loss or damage received arising from the use of the Church facilities. **Applicant will provide a closing checklist (provided with this form) to the Program Director after every use of the building.** These acknowledgments are attested to by signature of the applicant or the applicant's representative on this form.

Applicant Name: _____ email: _____

Street Address, city, zip: _____

Telephone number: H: _____ W: _____ C: _____

Signature of Applicant: _____ Date: _____

APPROVED _____ NOT APPROVED _____

Certificate of Insurance (amount = \$1,000,000) Required: _____ Not required: _____

Rental Fee: \$ _____ On calendar: _____

**Please return to this Building Use Form to the Great Bridge
United Methodist Church Program Director**