

**Ashland United Methodist Church
Facility Usage Application Form**

Today's Date _____

Facilities/Rooms requested _____
(Please indicate also if KITCHEN will be needed)

Date(s) requested _____
(I understand that \$25 of the usage fess will be retained by Ashland Church if the event is canceled within 48 hours of its scheduled time.)

Beginning & ending time of events _____

Time for preparation _____

Name of group or individual requesting facility _____

No. of people expected (See posted maximum occupancy.) _____

Brief description of event/activity

Will an admission fee be charged? _____ **If so, how much?** _____

Contact person _____ **Phone number** _____

Address _____

Is this a recurring event? If yes, what is the frequency?

I include the usage fee with this application form. This fee will be returned to the applicant if it is not accepted. I fully understand that I/my group will be responsible for paying for any damage done to equipment/facilities. In the event of weddings, see Wedding Guidelines in addition.

\$ _____ accompanies application form.

Signature of person responsible for event _____

Phone (if different from above) _____

**Ashland United Methodist Church
2600 Ashland Road
Columbia, SC 29210**

**Phone: (803) 798-5350
(803) 798-5195**

Office Use

Fee Collected (indicate amount) _____

Staff person's signature _____

Date _____

Trustees Use

Approved: circle yes no

Conditions:

Office Use

I have notified applicant of approval/disapproval and entered the event on the church calendar if it was approved.

Staff person's signature _____

Date _____