**Application for Facility Use - Monte Sano United Methodist Church**

To be completed after contacting the MSUMC Office regarding available dates and proposed purposes. Return this form to Monte Sano United Methodist Church (MSUMC), 601 Monte Sano Boulevard, Huntsville, AL 35801 256-533-6083

**Date(s) of Usage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: From to**

Applicant Name: MSUMC Member Yes: No:

Group/Organization or Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Additional Wedding Info Sheet attached.)

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Home Phone: Cell Phone:

 E-mail:

*Please note: Only the responsible person or designated group representative may sign this application!*

\*Area Requested: Sanctuary Children’s Classroom(s) Adult Classroom(s) Fellowship Hall

 Large Kitchen Nursery Music Room

In Admin Building: Youth Room Small Kitchen Library

Expected number of attendees: Adults \_\_\_\_\_\_\_ Children \_\_\_\_\_\_\_\_\_\_ Children’s Ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Detailed description of use, specific needs and equipment required. (You may staple additional information as necessary.)

Additional Needs: (Please note each area requires special permission, and will be initialed upon approval.)

* Use of Personal Multi-Media Equipment (i.e. disc jockey) *Approval\_\_\_\_\_\_*

 (Please explain in detail the equipment you will bring and any special setups you need to do.)

 Use of the MSUMC Sanctuary Multi-media Equipment *Approval\_\_\_\_\_\_*

 Name of Authorized Person Operating Equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Facility Coordinator will provide list of authorized operators)

 Use of Kitchen  *Approval\_\_\_\_\_\_*

 Use of Small appliances (coffee makers, stove, dishwasher, refrigerator, etc.)? List needs.  *Approval\_\_\_\_\_\_*

Any additional questions or comments?

\*On the back of this form, please include any equipment needs and any other pertinent information that will be helpful to the Board of Trustees when considering your application.

**Facility Request Application (Continued) - Facility Use Fee Schedule**

Fees to be determined by Trustees and Facility Coordinator

Donation/Fee Schedule: Member Non-Member Amount Owed

FACILITIES COORDINATOR, if required (per hr) $40 $40 $ \_\_\_\_\_\_\_\_\_\_

SANCTUARY (per hr) $50 $100 $ \_\_\_\_\_\_\_\_\_\_

FELLOWSHIP HALL with KITCHEN USE (per hr) $50 $100 $ \_\_\_\_\_\_\_\_\_\_

 S*ee attached kitchen use policy*

FELLOWSHIP HALL ONLY (per hr) $40 $80 $ \_\_\_\_\_\_\_\_\_\_

CLASSROOMS (per hr) $40 $40 $ \_\_\_\_\_\_\_\_\_\_

YOUTH ROOM (per hr) $40 $40 $ \_\_\_\_\_\_\_\_\_\_

AUDIO/VISUAL EQUIPMENT Operation Fee (to be determined) $ \_\_\_\_\_\_\_\_\_\_

NURSERY/CHILD CARE (to be determined) $ \_\_\_\_\_\_\_\_\_\_

ADDITIONAL CLEANING FEE (to be determined) $ \_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount Due $ 50% Deposit $ \_\_\_\_\_\_\_\_\_\_

*The undersigned agrees to abide by the conditions and rules set forth in the Guidelines for Use of Monte Sano United Methodist Church Facilities. Upon approval and prior to the event, the applicant will pay the appropriate fee for use of the Monte Sano United Methodist (MSUMC) facilities. All safety and fire laws will be observed. All furnishings and fixtures will be moved back to their original place. The undersigned will indemnify and hold MSUMC harmless from any and all claims, damages, liabilities or judgments, including costs and attorney fees that may arise as a result of the applicant’s use of the facilities. The undersigned will assume responsibility for damage, loss or other liability arising from the use or misuse of the facilities. MSUMC will be named as an additional insured on the applicant’s liability insurance policy, if requested. If problems or conflicts occur, MSUMC reserves the right to limit or terminate the use privileges of the above- named group of individual(s).*

Signature of Responsible Person: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print your name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Group: Position in Group:

For Office Use Only

 Application Received Date: Approved By: Date:

Deposit Received $ Date: \_\_\_\_\_ Facility Coordinator Assigned:

Remaining Fee Received $ Date: