**Monte Sano United Methodist Church**

**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: