

Facilities Usage Request

Cedarville United Methodist Church

Requesting/ responsible Individual:

Name: _____ Phone No. _____

Email: _____

1. Cedarville Member? YES NO
2. Private/ family Function? YES NO
3. Organization/public Function? YES NO

Organization Name: _____

Purpose of Organization: _____

4. Is Event Open to the Public? YES NO
5. Is a Participation Fee Charged? YES NO

If Yes, How Much? _____

6. Is Non-Profit Fee Waiver Requested? YES NO

7. Room(s) Requested: _____

8. Date Requested: _____

9. Time Access Required (include set up) _____ on _____

10. Time Access Relinquished (include clean-up) _____ Time of Actual Event:

from _____ to _____

Type of Event or Activity: _____

11. Projected Number Attending - Adults: _____ Youth (12-18): _____ Children (Under 12): _____

12. Projected Number of Vehicles to Park _____

13. Nursery Area Require? YES NO

If yes, I understand that in order to use the nursery/toddler area, we must have at least 2 mature responsible people present with the children at all times, and children must remain in the nursery/toddler area or be with their parents. _____ (initialed)

14. Type of food/beverage to be served (if any): _____

15. Outside caterer will be used: YES or NO (A copy of Caterer's Food License must be presented before or the day of the event)

16. Refrigerator use needed: YES NO Food heating required: YES NO

If food heating is required, a member of the Food Service Team of Cedarville must be present at an additional fee. If serving food prepared outside of the church in individual homes, a sign must be displayed saying the food was prepared in private homes.

I understand that we must provide our own condiments, plates, cups, napkins serving utensil, etc. for any food served

Contact Information - Caterer Name/or person using kitchen facility.

Name: _____

Address: _____

Phone: _____

Email: _____

17. Is A/V Equipment required YES NO (identify requirement below)

2 wired microphones are available in the FLC or Sanctuary

Use requested: YES NO

Additional wireless and lapel microphones, Video, CD and Cassette player are available but require the presence of our AV technician. It is YOUR responsibility to contact our AV person, Brad Shupinski to see his availability if you need this assistance. A fee will be charged for him to be present at his/her charged rate per hour. For any requests or questions, you can contact him at brad@cedarvilleumc.org. There is the availability of using your computer to present PowerPoint presentations, but again, you need to contact Brad to arrange for this. The office administrator is unable to provide assistance in AV needs.

I understand I MUST contact the AV coordinator directly and an additional fee may be required.

Signed: _____

18. An additional User Agreement (available on-line) must be filled out and signed prior to the event. This Agreement holds Cedarville UMC harmless from any all liability including attorney's fees arising out of User's use of the premises or the building of which the facilities are a part or the parking facilities on or adjacent therefore.

AGREEMENT FOR REQUEST FOR USE OF FACILITIES (Please sign)

I am familiar with and understand the POLICIES AND GUIDELINES for the Use of the Facilities of Cedarville United Methodist Church. (copy available in office and on-line) I acknowledge that it is MY/OUR responsibility to contact the necessary persons required for this event (organist, Sexton, AV Coordinator, Food Service Team, etc.) The contact information can be obtained from the church office or on-line. I understand that Cedarville United Methodist Church is a drug, alcohol and tobacco free facility. There will be no drug, alcohol, or tobacco use allowed in any building or anywhere on the property. Anyone who is found drinking, smoking, using or under the influence of illegal drugs while on the premises will be immediately asked to leave, and appropriate legal action will be taken. Groups whose members violate this policy will be denied further use of the facilities.

Signature of Responsible Individual _____

Date: _____

Required Donation or Fee for the use of area(s)/equipment: \$ _____

Date Deposit paid: _____

Deposit amount (1/2 of fee due upon approval of Trustees of the event.): \$ _____

Type of Deposit: Check # _____ Other: _____

FEES:

Usage Fees These fees are due, in full, one week before the event.

<u>FACILITY</u>	<u>MEMBER</u>	<u>NON-MEMBER</u>
Fellowship Hall	\$50/hour	\$50/hour
Family Life Center	\$100 for 4 hrs. (extra @ \$50/hr.)	\$500 for 4 hr. (extra @ \$100/hr.)
Large downstairs classroom (105)	\$50/hour	\$100/hour
Other downstairs classrooms	\$50/hour	\$50/hour
Kitchen, your caterer, no food prep	\$50*/hour	\$100/hour* (no equipment usage, staging area only)
Pavilion and grounds	\$50/event	\$100/event
Grange	\$50	Not Available
Sexton Fee	\$75	\$75

*Must provide copy of Food Manager Certificate