

Cito United Methodist Church

Request for Use of Facilities

Person(s) Responsible: _____

Meeting / Church Function / Auxiliary Use / Member Use / Non-member Use / Other (circle one)

Description of Event: _____

Facility Requested: _____ Fellowship Hall/Kitchen
_____ Prayer Room
_____ Library
_____ Sanctuary
_____ Nursery
_____ Old Church Sanctuary
_____ Old Church Sunday School Room

Equipment Requested: _____ TV/VCR/DVD on cart
(additional fees may apply) _____ Portable Screen/Projector
_____ TV/VCR/DVD nursery
_____ Sound System (Requires approved technician)

Reason for Request: _____

Is the Cito Auxiliary providing catering/food for your event? ___ Yes ___ No ___ N/A

Day(s) and Date(s) of Usage: _____

Time of Usage: _____ AM/PM to _____ AM/PM or ALL DAY

I understand that I am responsible for the appropriate behavior of those present at the scheduled event(s) and for the conditions of the facility and equipment when the event is finished. I will immediately notify the facilities coordinator in the event that there is any damage to Church property or injury to any person during the course of the scheduled event. I also agree to abide by all rules and regulations set forth in the "Use of Church Facilities" policy. If I do not abide by these rules and regulations, I understand that my request for usage may be denied in the future.

Signature: _____ Phone: _____ Date Submitted: _____

For office use only

Usage Approved: _____ (Facilities Coordinator) _____ (Date)

Fee(s) collected? ___ Yes ___ No ___ N/A
Insurance verified? ___ Yes ___ No ___ N/A Notes: _____