

Flat Rock UMC Facility Use Form

To be filled out by the interested person or responsible group leader:

Are you a Member of Flat Rock UMC? Yes ____, No ____

Who is Requesting Facility Use: _____

Person Assuming Responsibility: _____

Street Address: _____

Mailing Address: _____

Phone Numbers: Home: (____) _____

Cell: (____) _____

Date(s) and Time(s) of Requested Facility Use: _____

Specific Area(s) within the facility: Sanctuary ____, Christian Fellowship Center ____, Kitchen ____,

Classrooms ____ how many ____, Picnic Shelter ____,

Other (please specify) _____

Briefly describe the purpose for requested use:

Date Submitted: _____

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Trustee Use

Date Request Received _____ By Whom _____

Date of Request Review _____ Approved _____ Declined _____

Deposit Amount _____ Fee Total: _____

Deposit and Fee Received By _____ Signature _____

Date on which Applicant is Informed _____

If Use Is Denied: Date on Which Deposit and Fees Are Returned _____

To Whom: _____

Trustee Assigned to Event _____

Date on Which Deposit (in full or part) is Returned _____