

GREENSBURG UNITED METHODIST CHURCH

2161 Greensburg Road • North Canton, Ohio 44720 • P.O. Box 155 • Green, Ohio 44232
330-896-1936

REQUEST FORM FOR MEMBER USE OF THE FACILITIES

Procedure:

Persons who wish to use the GUMC facilities must complete a request form. Approval for use is subject to the GUMC calendar of events and must be approved through the Church office and the Board of Trustees. Usage is granted on a first come, first served basis. When usage is approved, you will be contacted by phone and a copy of the agreement will be offered to you.

Responsibilities:

1. GUMC will not be held liable for injury to any spectator(s) or person(s) participating in any event.
2. ALL PERSONS MUST BE OUT OF THE BUILDING BY 10:00 P.M.
3. Any damage to Church property will be the responsibility of the person(s) renting the facility to restore property to its original condition.
4. All trash shall be properly disposed.
5. All doors are to be locked upon leaving the building.
6. All lights are to be turned off (including restroom lights).
7. Use of the property shall be limited to the specific areas requested.
8. Children are not to be left unsupervised in any area of the building.
9. No smoking or alcohol is allowed on Church property.
10. Tables must be returned to the room to the right of the Fellowship Hall stage.
11. Ongoing usage needs to be reappraised annually.

FEES - GUMC MEMBERS

- A \$20 cash deposit is required for use of the building key and will be reimbursed after the key is returned during Church office hours. A key will be assigned to you and provided by the Church office.
- A \$75 cleaning deposit is also required for use of the Fellowship Hall. The deposit will be returned on the condition that the hall is clean and returned to its original set-up. If a cancellation occurs within two weeks prior to the event, only the key and cleaning deposit will be reimbursed. Payment is due for the space reserved whether used or not.

FELLOWSHIP HALL - \$60 All Day (4+ hours)

\$40 Half Day - Set up and take down is the responsibility of the event organizer(s)

KITCHEN AND APPLIANCES - \$100

CONFERENCE ROOM/CLASS ROOM – NO CHARGE

KITCHEN (Refrigerator, counters and sinks only) – NO CHARGE

GYMNASIUM - \$50/month (once weekly, up to two hours a week) GYMNASIUM - \$15 per use
More than once/week will be negotiated.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME/PURPOSE OF EVENT: _____

DATE(S) OF EVENT: _____ TIME OF EVENT: _____

RECURRING EVENT? YES NO IF YES, HOW OFTEN? _____

ORGANIZATION NAME: _____

CONTACT PERSON: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

Do you have your own liability coverage? YES NO IF YES, NAME OF CARRIER: _____

FACILITY REQUESTED:

- | | | | |
|---|----------|-------------------|----------|
| <input type="checkbox"/> FELLOWSHIP HALL | \$ _____ | CLEANING DEPOSIT | \$ _____ |
| <input type="checkbox"/> KITCHEN | \$ _____ | KEY DEPOSIT | \$ _____ |
| <input type="checkbox"/> GYMNASIUM | \$ _____ | Key Picked Up By: | |
| <input type="checkbox"/> CONFERENCE/CLASSROOM | \$ _____ | INITIALS: | _____ |

For Office Use Only		
BUILDING KEY # ISSUED _____	DATE _____	ASSIGNED BY _____
KEY RETURNED ON DATE _____	PLEASE INITIAL UPON RETURN TO OFFICE _____	

TOTAL AMOUNT PAID \$ _____ DATE PAID ___ / ___ / ___

METHOD OF PAYMENT CASH CHECK # _____

ALL DEPOSITS WILL BE RETURNED TWO WEEKS AFTER THE EVENT/KEY RETURN

As a representative of the organization, I agree to the responsibilities for the use of the GUMC property.

Signature: _____ Date ___ / ___ / ___

Trustee Approval:

Signature: _____ Date ___ / ___ / ___

Usage privileges do not begin until both parties have signed.