



GREENSBURG UMC

2161 Greensburg Rd
North Canton OH 44720
330.896.1936

FACILITY USE REQUEST

REQUESTING USE OF: (circle requested area or areas)

Gymnasium / Fellowship Hall / Class Room / Gym / Field / Pavilion / Baseball Field

Other- _____ Organizations must be Intra-clubs only

Name of Event or Non-Profit Organization: _____

Statice: Active Member -or- Non-Profit Rental: EIN# _____

Type of Event: _____ Number of people: _____

Date(s) of Event: _____

Time of Event: _____ Arrive & Depart: _____

APPLICANT INFORMATION:

Name: _____ Email: _____

Address: _____ City/Zip: _____

Phone: Cell _____ Home/Work _____

Responsible Person present at event: _____ Phone: _____

Name of Insurance Liability Coverage: _____

***Copy of current policy required for non-members (submit with payment to secure date(s))**

I am responsible for the use of the Greensburg United Methodist Church property and liability of all persons in attendance. If not signed at church office a copy of your driver's license required to verify responsible party signature.

Signature: _____ Date Submitted: _____

Church Approval Signature/Date: _____

OFFICE USE:

RENTAL COSTS

Key Deposit and/or Cleaning Fee(can NOT be used for rental fee) _____

Facility Requested for Rental Fee _____

Other _____

Grand Total Due* \$ _____

Amount and Date Received: _____ Cash/Check # _____ Date: ____/____/____

Issued Key # _____ Date/By: _____ Received By: _____

Key Returned Date & Rec'd by: _____ Submitted for Key Deposit Return: _____