



GREENSBURG UMC

2161 Greensburg Rd
North Canton OH 44720
330.896.1936

FACILITY USE REQUEST

REQUESTING USE OF: (circle requested area or areas)

Kitchen / 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))

COVID – Copy of Practice and Procedures must accompany application.

I am responsible for the use of the Greensburg United Methodist Church property and liability of all persons in attendance and all of the responsibilities the church requires. 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 _____

Cost for Facility Requested for Rent _____

Other _____

Grand Total Due \$ _____

Amount Received: _____ Cash/Check # _____ Date: ___/___/___

Cleaning Fee Returned after inspection: Date mailed: _____ By: _____

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

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