

ASHTON UNITED METHODIST CHURCH
17314 New Hampshire Ave. Ashton, MD. 20861
 Church Phone: 301-774-7100 Fax: 301-774-4156

APPLICATION FOR USE OF CHURCH FACILITY

Complete this form and fax or return it to the Church Office. We would prefer 45 days notice prior to date requested. After consideration by the Board of Trustees, a copy will be sent to the applicant stating approval (or denial) and any fees or restrictions.

_____/_____
 Name of individual or organization Date of request
 Phone #'s: day-_____ evening-_____ email: _____

Rooms Needed: When: Date(s) _____
 (please list rooms requested:) Time(s) from: _____ to _____
 _____ State purpose of event
 _____ or activity: _____

For Profit Organization Yes () No () How many will attend: _____

Set up requirements for your function: (ie: # of tables and chairs needed): _____

PLEASE SEE ATTACHED SHEET FOR FEE SCHEDULE AND AUMC FACILITY REGULATIONS:

Requested by (responsible party) Person in charge (at the event)

Name: _____ Name: _____

Address: _____ Address: _____

e-mail: _____ e-mail: _____

If this request is approved, I/we certify that all regulations will be observed, and I/we assume full responsibility for any damage to the facility and agree to pay for any damages.

Signed: _____

Date available on calendar: Yes () No () Approved by Board of Trustees/Date: _____

Facility use expenses: \$ _____ Refundable Security Deposit: \$ _____

Custodial Services: \$ _____

Other fees _____ \$ _____

(Reminder: fee for church rep. will be paid directly to that individual at the start of the event)

Total Due w/application: \$ _____

DISAPPROVED: DATE: _____ REASON: _____

Signature: _____ title: _____