

# APPLICATION FOR USE OF FACILITIES

First United Methodist Church 1376 Olive Street Eugene, OR 97401

Office: 541-345-8764 Fax: 541-485-5025

**Please fill this form out completely and return it to the church office.  
No space is reserved until the application has been approved by the staff or Trustees of FUMC.  
After your application has been reviewed, you will be notified.**

Date of Application: \_\_\_\_\_ Group/Organization: \_\_\_\_\_

Date(s) Desired: \_\_\_\_\_ Room(s) Desired: \_\_\_\_\_

Describe Intended Usage: \_\_\_\_\_

Usage will be: one time only \_\_\_\_\_ weekly \_\_\_\_\_ monthly \_\_\_\_\_ other \_\_\_\_\_

Start Time of Event: \_\_\_\_\_ AM/PM End Time of Event: \_\_\_\_\_ AM/PM No. Attending: \_\_\_\_\_

Arrival for Set Up: \_\_\_\_\_ AM/PM Building Clear at: \_\_\_\_\_ AM/PM

### Tables Only:

Round Table (seats 7-8) \_\_\_\_\_ Oblong Table (seats 8-10) \_\_\_\_\_ How many chairs at each table? \_\_\_\_\_

### Chairs Only:

How many chairs? \_\_\_\_\_ Center Aisle \_\_\_\_\_ Side Aisles \_\_\_\_\_

**Podium** \_\_\_\_\_ Yes \_\_\_\_\_ No **Sound System** \_\_\_\_\_ Yes \_\_\_\_\_ No **How many Display Table (s)** \_\_\_\_\_

### Please draw desired set up on back of this form

Admission/Registration Fee Charged: \_\_\_\_\_ Yes \_\_\_\_\_ No Offering Taken: \_\_\_\_\_ Yes \_\_\_\_\_ No

Proceeds, if any, will be used for: \_\_\_\_\_

Reference: \_\_\_\_\_

Name

Address

Zip

Phone #

**Is your group insured? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide a copy of the Certificate of Insurance and please add First United Methodist Church as "additionally insured" to the certificate.**

Do you believe that the fee for your organization should be reduced? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please state the reason(s) on back of this form.

I agree to be responsible for the conduct of those coming to or participating in the activity for which this application is being made, and for any damage beyond the normal wear and tear which may occur as a result of this activity. I further agree that the church property will be used in accordance with the enclosed copy of Rules and Regulations of the Board of Trustees which I have read and understand. **BY SIGNING THIS APPLICATION YOU AGREE THAT YOU HAVE RECEIVED A COPY OF THE SAFE SANCTUARY POLICY AND HAVE SIGNED THE WAIVER AND RELEASE FORM.**

Name (printed): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address (include city/zip): \_\_\_\_\_

Signature: \_\_\_\_\_

#### For Office Use Only

Total Fees: \$ \_\_\_\_\_

Safe Sanctuary Policy \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_