

Hillsdale United Methodist Church, Inc.
Facility Use Request Form

E MAIL COMPLETED FORM TO THE CHURCH OFFICE AT: office@hillsdaleumc.com

Date Submitted: _____
Applicant Name: _____
Applicant Address: _____

E Mail Address: _____
Telephone numbers: Home _____ Cell _____

Group Name (if applicable) _____
Description of Event: _____

Date of Event: _____
Event Hours: From _____ To _____
Estimated # of attendees: _____

Type of Event:

Group #2 & #3

- | | |
|--|---|
| <input type="checkbox"/> Birthday Party | <input type="checkbox"/> Bridal or Baby Shower |
| <input type="checkbox"/> Anniversary Party | <input type="checkbox"/> Small Athletic Team Party |
| <input type="checkbox"/> Family Reunion | <input type="checkbox"/> Wedding (see wedding policy) |

Group #5

- "Small" Community or other Outside Organization (less than 100 attendees)

Sponsoring Hillsdale UMC Member _____

Group #6

- "Large" Community or other Outside Organization (more than 100 attendees)

Sponsoring Hillsdale UMC Member _____

Rooms Needed:

- Sanctuary/Dining Area
- Kitchen Full Use **OR** Serving Only
- Classroom(s) # needed _____

Needs for Event:

- Sanctuary Stage Area (please note that only the front 10’ area from side to side available for events)
- Microphone (PA type only—one microphone)
- DVD Player (available outside sound booth)
- Tables/Chairs (to be set up by group using facility)
- Other _____

Other Information:

I have read the Hillsdale United Methodist Church Facility Use Program and agree to the terms and conditions included herein. I have also read the Fee Schedule attached and have denoted all areas to be used for the requested event. I agree to be present for the entire event, and also will make sure that the Hillsdale UMC sponsoring member (if applicable) is present for the entire event. I understand that this request is subject to approval by the Church’s Board of Trustees whose determination shall be provided within 15 days of receipt of this form by the Trustees.

Fees are payable to the church office, as set forth in the “Fees” section of the Facility Use Program. Once fees are paid, they are non-refundable with the exception of the cleaning deposit.

Applicant Signature: _____ Date: _____

Sponsoring Hillsdale UMC Member: _____ Date: _____
(if applicable)

For Office Use Only

Request Approved: Yes No

Fees Due:

Rooms	_____
Key Deposit	_____
Cleaning Deposit	_____
Other	_____
Total	_____

Trustee Signature _____ Date: _____

FEE SCHEDULE

- Fees are intended to offset the cost of air-conditioning/heating, lighting, building and systems wear.
- **All fees and deposits** shall be paid in full to the Church Office at least seven days prior to the date of a scheduled event.
- Cleaning deposits are refundable a) after the event; b) subject to inspection of the facilities used; and c) if all cleaning requirements are met.
- Key deposits are refundable upon return of all issued keys to the church office, in accordance with the facility use policy.

Room	Group #1	Group #2	Group #3	Group #4	Group #5	Group #6
	HUMC Church Programs & Functions	Individual Church Member Events	Member or Non-Member Weddings	Funeral or Memorial Services	"Small" Community & Other Outside Organizations	"Large" Community & Other Outside Organizations
Sanctuary	N/C	\$ 75	see wedding policy	N/C	\$ 150	\$ 250
Kitchen (full use)	N/C	\$ 50	see wedding policy	N/C	\$ 75	\$ 100
Kitchen (serving only)	N/C	\$ 25	see wedding policy	N/C	\$ 50	\$ 75
Classroom (each)	N/C	\$ 25	see wedding policy	N/C	\$ 50	\$ 50
Key Deposit	N/C	N/C	see wedding policy	N/C	\$ 25	\$ 25
Cleaning Deposit	N/C	\$ 150	see wedding policy	N/C	\$ 150	\$ 250