

Baker Memorial United Methodist Church
345 Main Street
East Aurora, NY 14052

Request for Use of Church Facilities

Name of Organization: _____

Authorized contact person's Name: _____

Address: _____

Telephone #: (Home) _____ (Work) _____

Email Address: _____

Type of program planned: _____

Day(s)/Date(s) of proposed use of building: _____

Time(s) Needed: _____

Room(s) Requested: _____

Amount of Parking Required: _____ Attendance Expected: _____

Fee for building use: \$ _____

- We agree that
- (1) We will pay all agreed-upon fees to: Baker Memorial United Methodist Church.
 - (2) We will leave the rooms and/or facilities as we found them.
 - (3) We will assume the cost of repair to facilities or equipment damaged through misuse.
 - (4) Smoking and alcoholic beverages are prohibited in the church building.
 - (5) We have liability insurance in the amount of \$_____, which insures anyone attending this meeting(s), per event and we hereby submit a certificate of such insurance.
 - (6) We will renew this agreement by August 1 of each year if this is an annual agreement.

Authorized Signature: _____

Date of Application: _____

Approved by: _____ (Trustee) Date: _____

Copies to: *Facilities Administrator* _____
 Board of Trustees _____
 Church Office _____