

APPLICATION FOR USE OF CHURCH FACILITIES

Sharon United Methodist Church

275 Poplar Branch Rd. Poplar Branch, NC 27965

Date of Application: _____

Name of Group: _____

Type of Event: _____ Date: _____

Time: Required for use of facility (including set-up, event, and clean-up)

Begin _____ AM/PM until _____ AM/PM

Approximately how many will be attending the event? _____

Description of activity: _____

Description of decorations (must be pre-approved): _____

Facilities required: Fellowship Hall _____ Kitchen* _____ Other** _____

(*Kitchen includes use of sinks, counters, and serving areas. Use of stoves, ovens, pots and pans is prohibited unless the Trustees grant prior approval. **Attach details on separate sheet.)

Name of person responsible: _____

Member of Sharon UMC Yes _____ No _____

Address: _____

Email: _____ Phone Number: _____

We, as users of the facilities requested, assume full responsibility for the safety, security, and supervision of the property, and all activities occurring thereon, during its use under the terms of this agreement. In consideration of the facilities use authorized by this agreement, we the users shall not claim any damages from Sharon UMC in connection with or on account of any injuries or damages arising in or on the property while being used by our group, its members, guests, or participants, and we further agree to indemnify and hold harmless Sharon UMC and its officers, agents, employees, and members from any and all costs, loss, fees, liability, claims or damages arising out of or as a consequence of or in connection with the use of the Sharon UMC facilities, buildings, or property by our group and its members, guests, or participants. By my signature, I certify that I am authorized to bind the group I represent. I have received a copy of the Sharon UMC Facility and Equipment Use Policy and I understand that I am responsible for seeing that the Sharon UMC Facility and Equipment Use Policy is followed.

Signed: _____ Date: _____

For Office Use Only: Date Received: _____ Fee Received: _____

Approved: _____ Yes _____ No By: _____ Date: _____