Application For Use of Church Facility and Equipment

Sharon United Methodist Church 275 Poplar Branch Rd. Poplar Branch, NC 27965

Date of Application: Type of Event:		Name of Group:	Name of Group:	
		Event Date:		
FACILITY USE: Time: Required for use	of FACILITY (including se	et-up, event, and clean-up)		
Begin:	AM/PM Uı	ntil:AM/PM		
Approximately how ma	ny will be attending the	event?		
Description of activity:				
Description of decorati	ions (must be pre-approve	ed):		
Equipment requested:	Piano Organ	Sound System Computer S	Sanctuary TV	
	Fellowship Hall TV	Learning Center TV Nursery TV		
-	sinks, counters, and servi	chen* Sanctuary Learning Center _ ing areas. Use of stoves, ovens, pots and pans is p		
EQUIPMENT USE: Time: Required for use	of EQUIPMENT (including	g set-up, event, and clean-up)		
Pick up date and time:		AM/PM Return date and time:	AM/PM	
Description of activity:				
Equipment requested:	(Quantity and Detailed De	escription)		
		Member of Sharon UMC: Y		
Email:		Phone Number:		
property, and all activities occu equipment use authorized by the account of any injuries or dama and we further agree to indemn costs, loss, fees, liability, claims facilities and equipment by our	rring thereon, during its using agreement, we the user ages arising in or on the profify and hold harmless Shards or damages arising out of group and its members, guceived a copy of the SUM	assume full responsibility for the safety, security, as the under the terms of this agreement. In considerations shall not claim any damages from Sharon UMC in operty while being used by our group, its members, gon UMC and its officers, agents, employees, and mer for as a consequence of or in connection with the usuests, or participants. By my signature, I certify that I IC Facility and Equipment Use Policy and/or the State policies are followed.	on of the facilities and connection with or on guests, or participants, mbers from any and all se of the Sharon UMC am authorized to bind	
Signed:	ned: Date:			
For Office Use Only: Date	te Received:	Fee Received:		
Approved by Pastor: Yes	No Name:	Date:		
Approved by Trustee: Yes	No Name:	Date:		
Applicant Notified of Approva	ıl: Yes No	Communications/Calendar Team Notified: Y	es No	
		:: Yes No Name:		
		s No Name:		