



Riverdale First United Methodist Church

Phone: (770) 909-7891 FAX (770) 909-4905

riverdaleumc@bellsouth.net

FACILITIES USE FORM

NAME OF GROUP: _____

DATE OF APPLICATION _____ Time of Application _____

Check Facilities Requested: Gym Sanctuary Kitchen Classrooms

Is Audio-Visual Equipment Needed _____ YES _____ NO

Total Time Facilities Required: From _____ to _____

Name of Activities: _____

Description of activities: _____

Additional Information: _____

Number of Participants _____ Anticipated Number of Attendees _____

Contact Person and Title: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

E-mail: _____

Have you read the regulations and fee structure associated with the use of these facilities: _____ YES _____ NO

Do you concur with the regulations and the fee structure: _____ YES _____ NO

Is childcare required during the event(s)? _____ Yes _____ No

The applicant and the individual executing this application hereby waive any and all claims, demands, and causes of action, which they may have against Riverdale First United Methodist Church as a result of the use of church facilities pursuant to this application. The applicant and the individuals executing this application shall indemnify and hold harmless Riverdale First United Methodist church and its officers, agents, and employees from and against any and all claims, demands; causes of action, and all other loss and expense, including reasonable costs of litigation arising out of or associated with the use of church property by the applicant group and its members,

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guests, employees, and agents- pursuant to this application. Further, the user group will provide a certificate of liability insurance in favor of Riverdale First United Methodist Church in the amount of at least \$500,000. We have read and agree to comply with the "POLICIES AND REGULATIONS REGARDING USE OF CHURCH FACILITIES BY NONCHURCH GROUPS."

Signature of Applicant: _____

Date: _____

FOR OFFICE USE ONLY

Approved: _____ YES _____ NO Date: _____

Signature _____

Room(s) to be used	Time Room to be Used
_____	From _____ to _____
_____	From _____ to _____
_____	From _____ to _____
_____	From _____ to _____
_____	From _____ to _____
_____	From _____ to _____

Audio-Visual Fee _____ Custodian Fee _____

Kitchen Use Fee _____ Sanctuary Fee _____

Deposit _____ Donation _____

Total Fees Paid _____ Receipt No. _____

Total Donation Paid _____ Receipt No. _____

Applicant Signature _____

Church Staff Signature _____

NOTE: Copy to be given to applicant after approval. Original to be retained in the church office files.