



Grace Community United Methodist Church

GUIDELINES FOR USE OF CHURCH FACILITIES Building Use/Room Request Form

Please fill the form out completely and accurately. The more information we have the better we can serve you. This request will be used to help us in scheduling room usage. Once your request is received it will be compared against the church master calendar. The contact person will receive a confirmation email along with your room assignment at which time you will know that your request has been approved. Keep in mind, there may be a fee or deposit required for use of our facilities. **Requests will not be approved beyond 6 months from date of request.**

Name of Event: _____ **Group Requesting:** _____

Room Requesting: _____ **Estimated # of Attendees:** _____

Will you need nursery services? _____ **Estimated # of Children:** _____

Please contact Debbie Digilormo at 318-426-0568 at least 48 hrs. prior to the scheduled event/meeting if nursery needs changed.

Start Date & Time: _____ AM/ PM **End Date & Time:** _____ AM/ PM

Ongoing schedule: _____

Ongoing classes may be requested to make exceptions throughout the year for church wide events that require additional building space (e.g., VBS).

Number of Tables Needed: _____ **Number of Chairs Needed:** _____

Sponsoring group will be responsible for setup and returning room to the standard configuration.

Audio/Visual Needs: _____

Contact Information: Name: _____ **Email:** _____

Primary Phone #: _____ **Backup Contact & Phone:** _____

This event is part of one of the following Ministry Areas: (Please mark accordingly)

_____ **Adult** _____ **Youth** _____ **Children's** _____ **Mission**
_____ **Caring** _____ **Worship/Music** _____ **Welcome**
_____ **Other** **Please specify:** _____
_____ **Community Group** **Please specify:** _____
_____ **Not directly related to the Church (explain):**

Staff Coordination/Signature: _____ **Date:** _____

Assessed fee or deposit (if applicable): _____ **Required Certificate of Insurance:** Y / N

User Signature: _____ **Date:** _____

By signing this form, I have been provided and have carefully read, understand and agree to follow the Grace Community United Methodist Church Building Use Policy and associated Guidelines. I am aware that our event may be cancelled due to emerging church related events (e.g., funerals, severe weather, catastrophic event, etc.).