



For Office Use Only:

Date of event: _____
Location: _____
Time: _____
Date app. Received: _____
Approved By: _____
Date: _____ Calendar _____

◆ SINGLE DAY ACTIVITY

APPLICATION FOR USE OF CHURCH FACILITIES BY OUTSIDE GROUPS

Name of group sponsoring activity: _____

Name of applicant: _____

Email of applicant: _____

Address of applicant: _____

Phone (H): _____ Phone (W)): _____ Phone (C): _____

Purpose of activity: _____

Day and date of event: _____

Hours of activity: FROM: _____ AM/PM TO: _____ AM/PM

What room/location is requested for activity: _____

Approximate number of persons attending activity: _____

Will any of the following items be needed?

Custodian: From: _____ TO: _____

Kitchen: From: _____ TO: _____

Ovens: From: _____ TO: _____

#Tables: _____

#Chairs: _____

Microphone: _____

Paper Goods: _____

My signature indicates my agreement to use the premises under the rules stated in the **Rules and Regulations Governing the use of Church Property**, and to take responsibility for their compliance as well as the following:

Signed: _____ Date: _____

(PLEASE SEE OVER)

Table & Chair Set-UP:

This application is to be prepared by the applicant and submitted to the Church office for approval. A copy of the approved application will be returned to the applicant upon request. Contribution for use of room shall be received by the Church office 10 days in advance of the event, as well as a Certificate of Insurance, if required.

**Checks should be made payable to: Timonium United Methodist Church
PLEASE DO NOT WRITE BELOW THIS LINE**



Number of hours needed:	_____	x
Amount per hour:	\$ _____	=
Contribution for use of room:		\$ _____
Contribution for custodian services:		\$ _____
Contribution for Event Coordinator: \$20/hr.		\$ _____
Contribution for use of kitchen/ovens:		\$ _____
Contribution for paper goods:		\$ _____
TOTAL CONTRIBUTION		\$ _____

Certificate of Insurance required: YES: _____ NO: _____

This application has been approved: _____ Date: _____

This application has been disapproved: _____ Date: _____

Reason for disapproval: _____

Refundable Deposit (returned on a prorated damage rate) of \$300 due with application: Date _____

Amount: \$300 Check# _____

PAYMENT RECEIVED: Date _____ Amount: _____ Check# _____

Date _____ Amount: _____ Check# _____

Comments: _____