

FACILITY USE APPLICATION

First United Methodist Church 1376 Olive Street Eugene, OR 97401

Office: 541-345-8764 Fax: 541-485-5025

**Please fill this form out completely and return it to the church office.
No space is reserved until the application has been approved by the staff or Trustees of FUMC.
After your application has been reviewed, you will be notified.**

Date of Application: _____ Group/Organization: _____

Date (s) Desired: _____ Room (s) Desired: _____

Describe Intended Usage: _____

Usage will be: one time only _____ weekly _____ monthly _____ other _____

Start Time of Event: _____ AM/PM End Time of Event: _____ AM/PM No. Attending: _____

Arrival for Set Up: _____ AM/PM Building Clear at: _____ AM/PM

Tables Only:

Round Table (seats 7-8) _____ Oblong Table (seats 8-10) _____ How many chairs at each table? _____

Chairs Only:

How many chairs? _____ Center Aisle _____ Side Aisles _____

Podium _____ Yes _____ No **Sound System** _____ Yes _____ No **How many Display Table (s)** _____

Please draw desired set-up on additional paper.

Admission/Registration Fee Charged: _____ Yes _____ No Offering Taken: _____ Yes _____ No

Proceeds, if any, will be used for: _____

Reference: _____

Name

Address

Zip

Phone #

Is your group insured? _____ Yes _____ No If yes, please provide a copy of the Certificate of Insurance and please add First United Methodist Church as "additionally insured" to the certificate.

I agree to be responsible for the conduct of those coming to or participating in the activity for which this application is being made, and for any damage beyond the normal wear and tear which may occur as a result of this activity. I further agree that the church property will be used in accordance with the enclosed copy of Rules and Regulations of the Board of Trustees which I have read and understand. **BY SIGNING THIS APPLICATION YOU AGREE THAT YOU HAVE RECEIVED A COPY OF THE SAFE SANCTUARY POLICY AND HAVE SIGNED THE WAIVER AND RELEASE FORM.**

Name (printed): _____ Phone: _____ Fax: _____

Address (include city/zip): _____

Email: _____

Signature: _____

For Office Use Only

Total Fees: \$ _____

Safe Sanctuary Policy _____

Approved By: _____ Date: _____