

FACILITY REQUEST FORM

St. Mark's United Methodist Church
 37 East Main Street
 Mount Joy, PA 17552

(717) 653-5493
 Fax: (717) 653-5127
 Email: info@stmarksmtjoy.com

Today's Date: _____		
Contact Information		
Name of Licensee or Organization:	Mailing Address:	
Contact Person:		
Phone #:		
Email Address:		
Category of Organization: <input type="checkbox"/> Private <input type="checkbox"/> Religious <input type="checkbox"/> Non-Profit <input type="checkbox"/> Chartered <input type="checkbox"/> Other - please specify _____		
Event Information		
Event Name:	Recurrence?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Annually	
Date Requested:		
Time Requested:		
Set-up Time: _____	Clean Up Time: _____	End Date: _____
Purpose of Meeting: <input type="checkbox"/> Community <input type="checkbox"/> Fundraiser <input type="checkbox"/> Meeting <input type="checkbox"/> Other _____		
Room Requested: <input type="checkbox"/> Sanctuary/Overflow Area <input type="checkbox"/> Basement Classroom <input type="checkbox"/> Green Pastures Cafe <input type="checkbox"/> Ministry Center Parlor/Round Table <input type="checkbox"/> Fellowship Hall - choose one of the following: <input type="checkbox"/> Meeting space only <input type="checkbox"/> w/Kitchen non-food preparation		Equipment/Services Requested: <input type="checkbox"/> Add'l Tables/Chairs <input type="checkbox"/> TV (DVD/VHS) <input type="checkbox"/> Video in Fellowship Hall <input type="checkbox"/> Audio in Fellowship Hall <input type="checkbox"/> Dishwasher <input type="checkbox"/> Audio Technician <input type="checkbox"/> Video Technician <input type="checkbox"/> Other _____
Additional Information		
I have received, read, and agree to adhere to the terms, policies, and procedures outlined in the following attachments: <input type="checkbox"/> St. Mark's Safe Sanctuaries Policy <input type="checkbox"/> Fee Schedule for Facility Usage <input type="checkbox"/> Guidelines for Facility Usage <input type="checkbox"/> Guidelines for Cleaning the Kitchen		Procedure: <ul style="list-style-type: none"> • Complete this form and return to the church office with a \$25 non-refundable deposit (check payable to St. Mark's UMC with your event name in memo line) at least one month prior to the event. • You will be notified of the approval or denial of the event and the fees associated with the event as well. • Event sponsors may be asked to sign a Waiver of Liability or provide proof of such liability insurance for the event. • A User Agreement will then need to be signed by both parties to complete the transaction.
Signature/Date _____		
For Office Use Only: Calendar Approval _____ Church Business Administrator/Trustee Approval _____ <input type="checkbox"/> Custodian Notification <input type="checkbox"/> Kitchen Notification		
Deposit - Check #: _____ Date Received: _____; Final Payment - Check #: _____ Date Received: _____		
8/1/2012		