



CALEDONIA UNITED METHODIST CHURCH
250 VINE ST CALEDONIA MI 49316 – (616)-891-8669

www.caledoniaumc.org

REQUEST FOR USE OF CHURCH FACILITIES

Name: _____ Phone: _____

Address: _____ Email: _____

Event: _____ Date: _____ Time: _____ Attending _____

Member: _____ Active Constituent: _____ Non-Member: _____

REQUEST TO USE THE FOLLOWING

(Facility fees are applicable for non-members only)

_____ Sanctuary	\$200
_____ Fellowship Hall/Kitchen	\$200
_____ Sanctuary/Fellowship Hall/Kitchen	\$400
_____ Clergy	\$200
_____ Organist	\$150
_____ Custodial Charge	\$75
_____ Sound/Screen Technician	\$75

(Only approved CUMC sound/screen technicians are allowed to operate the sound/screen system)

TOTAL \$ _____

(Sanctuary/Fellowship hall/Kitchen fees are waived for church members)

A \$75 deposit will be required at the time of application for non-members. Upon receipt of the application and the deposit, the event will be scheduled. **Full payment is expected two weeks prior to the event.** The deposit will be included in the total fee. If the event is canceled, for any reason, the deposit is forfeited. If the current pastor does not participate in the event, a member of the church must be present.

I (We) will be responsible for any damage done to the church facilities during the above activity. I (We) understand that **NO SMOKING OR DRINKING IS PERMITTED ON CHURCH PROPERTY.**

Signature: _____ Date: _____

Signature: _____ Date: _____

*******For Office Use Only*******

Received By: _____ Date Received: _____

Copies to: Pastor, Trustees, Custodian, Financial Secretary

Authorization of Request By: _____ Date: _____