

Events must be booked at least 2 weeks prior to requested date

Date Received_____

REQUEST TO USE FACILITIES OF BARTLETT UNITED METHODIST CHURCH, BARTLETT, TN

Today's Date_____ Date(s) of use_____ Member of BUMC? YES NO

Name of Group_____ Approx. size of group_____

Nature of Event_____

Time of Use: Set up time_____ Event start time_____

Event end time:_____ Clean up end time_____

Please circle if your event involves children or youth? YES NO

Have you been Safe Sanctuaries Trained? YES NO

Do you have a Certificate of Insurance?(please attach) YES NO

Facilities of Church requested:

Sanctuary (capacity 999)_____ Chapel (capacity 350)_____

Scout Hall (capacity 120)_____ LEC kitchen_____

Fellowship Hall (capacity 132)_____ Fellowship Hall kitchen_____

Classroom(s)_____ LEC Parlor/110L** _____

LEC Gym_____ Athletic Fields_____

** LEC Parlor - No regular committee meetings or study groups over 12 persons. Special events only.

Equipment Needed (and Quantity):

Podium with microphone_____ Stage_____

TV_____ VCR/CD/DVD_____

Tables_____ Chairs_____

Tablecloths_____ Other equipment_____

Ballfield lights_____ Other equipment_____

Sound equipment in the Sanctuary and/or chapel can only be handled by designated personnel.

Schedule of Fees (except Weddings, Youth Choirs, Mission Teams)

Refundable Deposit \$250.00 per event

Building Use \$85.00 per hour of usage

Custodial Fees \$20.00 per hour with a 4 hour minimum = \$80.00

Electronics Equipment(TV, VCR, etc) \$50.00

Ballfield \$40.00 per hour of usage w/ lights / \$15 per hour w/o lights

Lost Key \$50.00

I have received and reviewed a copy of the Policy for Use of Facilities/Equipment of Bartlett United Methodist Church (BUMC), Bartlett, TN. I agree to follow and adhere to these policies while using the facilities. I understand that if I fail to comply with these policies, I may be assessed additional fees or be denied future use of the facility. I further understand and agree to defend and to indemnify and hold harmless the BUMC, its staff, board members, members, agents and volunteers, for any and all costs, claims and damages of whatever type, resulting from or caused by, directly or indirectly, the use of the property which is in any manner connected with the permission given in this agreement. Requested date is tentative until a deposit is paid, signed form returned to BUMC and approved. Tentative hold date expires after 7 days. Any changes to request must be made 2 weeks prior to event and may require additional fees or may require additional approval. Person signing below MUST be authorized representative of the group. May require additional signatures if signee lacks credentials or authority. Only ONE contact person may execute contract form and request changes.

Contact/responsible party signature(PRINT AND SIGN):

_____ Date:_____

Phone numbers:_____ DAY_____ NIGHT Email_____

Address_____ City_____ ST_____ ZIP_____

Witness/BUMC STAFF _____ Date:_____

Date Received by BUMC_____

Usage Fee_____ Payment Made Ck#_____ Cash_____ Deposit Refunded_____

Special Notes (incl waiver of fees)_____

REQUEST APPROVED / DENIED (circle one) DATE:_____