

**Monson Community United Methodist Church
South Bend, IN
574-287-0201**

Building Use Request Form

Applicant agrees that they shall: be liable for any loss or damage to any property of the church by the undersigned organization or members. Applicant understands that this agreement must be approved by the Church prior to use of church facilities.

Date of Application_____

Name of Group/Organization/Ministry_____ Phone_____

Address_____ City,State,Zip_____

Name of Representative_____

Daytime phone of contact_____

Evening phone contact_____

Date Requested_____ Time_____ to_____

Alternate Date_____

Purpose of Meeting_____ How many people? ____

Room(s) Requested_____ Alternate choice_____

Equipment Requested _____

Church Staff Support needed_____

Do you have a Church key to get into the building? ___ yes ___ no

Do you have liability insurance for your organization? ___yes ___ no

Signature_____ Date_____

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*Please do not write below this line*

Approved Yes\_\_\_ No \_\_\_ Fee Yes\_\_\_ No \_\_\_ Amount \_\_\_\_\_

Special Instructions \_\_\_\_\_

Approved by \_\_\_\_\_