

Request for Use of Church Facilities
THE FIRST UNITED METHODIST CHURCH
9857 Schiller Blvd, Franklin Park, IL 60131
847.455.5858

Name of Organization _____

Address _____

Organization Phone _____ **Organization Website** _____

Name of Applicant _____

Applicant Phone and Email _____

Nature of Activity _____

Name of Responsible Person On-site _____ **cell phone** _____

Facilities Requested (list each space/time of use) _____

Date/s Requested _____ **Event Start Time** _____

Requested Set-up Date/Time _____

We/I hereby assume responsibility for any damages incurred in use of the above facilities. I understand that the First United Methodist Church of Franklin Park assumes no liability whatsoever for injuries of person using church facilities. I understand that **absolutely no smoking, gambling, or alcoholic beverages** are permitted on the church property.

_____ *Applicant's Signature* _____ *Date*

_____ Request approved by Trustees on (date) _____

with the following conditions (list) _____

_____ Request denied by Trustees on (date) _____

for (reason) _____

Total Suggested Donation: _____

Donation to Custodian (separate check): _____ Donation to Musician (separate check): _____

Deposit (separate check): _____ (if no damage in found, check will be returned within 1 week of use)

Balance Due in full on day of event: _____