

# Request to Use Church Facilities

First United Methodist Church

6209 Land O' Lakes Blvd

Land O' Lakes, FL 34638

Tel: 813.996.3533

Group Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Email \_\_\_\_\_

Date of Event: \_\_\_\_\_

Number of People in group: \_\_\_\_\_

Event starting time: \_\_\_\_\_ am,/pm

Event ending time: \_\_\_\_\_ am/pm

*\*\*\*Set-up time is considered 1 hour before the event and clean-up 1 hour after.*

If after business hours, do you have access to the building? **Yes / No**

Rooms requested:

Church Grounds  
 Narthex

Fellowship Hall  
 Sanctuary

Spiritual Life Center  
 Kitchen

Room Number

*Note: Rooms 102, 104, 105, 106, Choir Room and Nursery are not available for use.*

Purpose of Use: \_\_\_\_\_

Will refreshments be served? Y/N If Yes, please explain: \_\_\_\_\_

***Rooms may be requested for use on a one time, weekly or monthly basis.***

***All weekly and monthly requests must be resubmitted and approved every six (6) months.***

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Trustee Response: \_\_\_\_\_

Trustee Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Administration Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Group Acceptance: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SEE BACK OF PAGE FOR ADDITIONAL IMPORTANT INFORMATION.**

# GUIDELINES FOR USE OF CHURCH FACILITIES

1. Request for use of any Church facility or grounds must be made in writing to the Church Office using the **“Request to Use Church Facilities”** form a minimum of one (1) month prior to event. The office will submit the request to the Board of Trustees for approval. **\*\*Note: The request is in a “pending” status until the request has written approval. Requests will be approved in order of receipt.**
2. Activities that conflict with the moral and doctrinal position of the United Methodist Church will not be permitted.
3. Alcoholic beverages are PROHIBITED on all Church Property.
4. Smoking is PROHIBITED in all Church buildings.
5. Children are to be supervised at ALL times. It is the responsibility of the requesting group to have adequate child supervision for the event. The Churches Child/Youth Protection Policy must be followed. The Church’s children supplies, and rooms (102, 104, 105 and 106), and nursery rooms are NOT available for events. The Church does NOT provide childcare unless arranged in advance and approved by the Director of Children’s Ministry.
6. Set up and take down for the activity is the responsibility of the requesting group. Equipment and furnishings MUST be returned to their proper location and arranged accordingly.
7. The use of the “Sound Booth” in the Sanctuary is NOT permitted. Groups needing sound equipment MUST provide their own.
8. The use of office equipment (i.e. copiers, faxes, computers, etc.) is NOT permitted.
9. Any accident, either to person or church property MUST be reported to the church office immediately.
10. The use of duct or “duck” tape is not permitted on ANY church surface.
11. \_\_\_\_\_ Groups not affiliated with the church MUST provide a copy of tax form 501(c)3 and proof of one (1) million dollars in liability insurance.
12. Before leaving (last group).....Empty the trash, reset the air conditioners, close all windows, turn off lights, and lock the door.
13. For any special requests/exceptions, please submit a **“Special Use Request Form”** with the **“Request to Use Church Facilities”** form. This may require additional approval from department leaders. Written approval is required.
14. **NO FIRES ON CHURCH GROUNDS WITHOUT EXPRESS WRITTEN PERMISSION FROM THE BOARD OF TRUSTEES**

I have read the above guidelines and I agree to abide by them.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

We ask that everyone using our facilities be considerate of other groups on campus at the same time by remaining in requested areas and by limiting noise levels.

We hope you enjoy our Church.

Revised 1- 28 -11-RLS

# Special Use Request Form

First United Methodist Church  
6209 Land O' Lakes Blvd.  
Land O' Lakes, FL 34638  
813-996-3533

Name of Group \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Special  
Request: \_\_\_\_\_  
\_\_\_\_\_  
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Trustee  
Response: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trustee Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Department  
Approval (if needed): \_\_\_\_\_ Date: \_\_\_\_\_

Group Acceptance: \_\_\_\_\_ Date: \_\_\_\_\_