

**Dove of the Desert United Methodist Church
Request for Facilities Use**

___ Member of Dove

___ Non Member of Dove

Name of Organization or Individual: _____

Name/Position of contact (if Organization): _____

Address: _____

Phone: _____ office, _____ home/mobile

Email: _____

Please answer all applicable questions

Organization Information:

1. What is your organization's purpose?

2. Who Comprises your organization's membership (e.g. youth at risk 13-18,)

3. Is it a Charity? Yes ___ No ___.
4. Is your Organization recognized for tax exemption under Section 501(c)(3) of the Internal Revenue Code? Yes ___ No ___. If so, please attach a copy of the certificate.
5. Does your Organization have Comprehensive General Liability Insurance? Yes ___ No ___
6. If Yes in 5, please provide a Certificate of Insurance showing the limits of coverage.

Event/ Meeting Information:

7. Where have you met before? _____
8. What is the purpose of the meeting or event you wish to hold at Dove?

9. Who will attend the meeting or event? (e.g., Organization members, public, friends, family)

10. Are members of Dove participating in the event, or meeting? Yes ___ No ___ How many? _____ Names of two: _____
11. How many people do you expect to attend? _____
12. Do you charge any type of a fee to attendees? ___ Yes, ___ No. If so, the charge per person is \$_____ per _____. (session, day, hour, etc.)
13. What will be the age range of those in attendance? _____
14. List any equipment you will be bringing to use in the space you are requesting.

15. Do you intend to consume any beverages or food during your use of the space? Check all that apply: ___soft drinks ___finger food ___sandwiches
___warm food List.Other _____

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16. How often do you request use of the space? (e.g., once, monthly, every Wednesday)

17. Date and Time Requested. (e.g. Nov. 11, 2007 7 to 9:00 AM) _____

18. Space Requested: Sanctuary _____, Narthex _____, Kitchen _____, Parlor _____,
Classroom # _____, Lawn _____, Volley Ball Courts _____, Other, list _____

19. Can you use space as is? Yes _____ No _____
Will you need assistance to set up, clean or restore the area to its previous condition for
extra donation: Yes____ No___? Explain _____

20. List any other set up requirements you will have for the space you are requesting.

Date of Request _____

Printed Name and Title of Requestor:

Signature of Requestor