

First United Methodist Church
64 East North Street
Carlisle, PA 17013
249-4729
E-mail: firstumc1@embarqmail.com

APPLICATION FOR USE OF CHURCH FACILITIES

NAME (Group Or Individual) _____

ADDRESS _____

(Street)

(City, State, Zip)

PHONE _____

(Home)

(Cell)

(E-Mail Address)

FACILITY REQUESTED: _____ Fellowship Hall _____ Meeting Room _____ Scout House

_____ Sanctuary

_____ Chapel

_____ Kitchen

FOR WHAT NUMBER OF PEOPLE: _____

DATE FACILITY WILL BE USED: _____

NATURE OF ACTIVITY: _____ Dinner/Program

_____ Study Group

_____ Organization Meeting

_____ Wedding/Rehearsal

_____ Other (Please Describe)

HAVE THE POLICIES FOR THE USE OF CHURCH FACILITIES BEEN STUDIED AND AGREED TO BY THE ORGANIZATION? _____ Yes _____ No

USER AGREEMENT SIGNED AND ATTACHED.

NAME OF PERSON RESPONSIBLE: _____

ADDRESS: _____

PHONE: _____ HOME _____ CELL _____

SIGNED: _____

(Signature of person filling out this Request Form)

(Position)

(Date)

APPROVAL SLIP

We have examined your request for use of the Church Facility as follows:

Your request ___has (___has not) been approved.

The Following Fee will be charged for facility use: \$ _____

(Checks should be made payable to "First United Methodist Church Carlisle")

Signed: _____

(Pastor or Authorized Official)

Rev. 03/2009