

Christ United Methodist Church

1140 Claremont Avenue, Ashland OH 44805

Ph: 419-289-0507

www.ChristUMCAshland.org

APPLICATION FOR FACILITY USE

The policy of Christ UMC Board of Trustees is to make the building available for use by Non-profit organizations and events in which a congregational member is directly involved. The building and grounds are smoke and alcohol free.

Organization/event _____

Contact person _____ Phone _____
Address _____ Cell Phone _____
_____ Email _____

Date(s) needed _____

_____ Set-up time _____ Event time _____ Departure

_____ Number of persons expected

# of persons	Suggested Minimum Donations:		Amt. Paid: _____
	w/o Kitchen	with Kitchen	
0-25	\$15.00	\$25.00	
25-100	\$25.00	\$50.00	
100+	\$50.00	\$100.00	Date: _____

_____ Air Conditioning: \$25 Fellowship Hall, \$50 Sanctuary
_____ Service of Custodian: for set-up / clean-up \$20 per hr

Rooms Requested (Capacity in Parentheses):

_____ Fellowship Hall (400 as auditorium, 275 as dining room)
_____ Stage
_____ Kitchen (requires contact with kitchen committee)
_____ Dishwasher (requires operator from church)
_____ Sanctuary (400)
_____ Lounge (25)
_____ Classrooms--list room numbers _____
_____ Foyer Café _____

Sound System needed:

_____ No / Yes _____ Sanctuary _____ Fellowship Hall

Arrangements for set-up and clean-up:

_____ Organization will take responsibility to its own set-up and clean-up, returning room to its previous condition.
_____ Service of church custodian is requested (\$20/hr). Please provide a complete description of set-up needed.

For functions outside the church premises:

_____ Parking Lot _____ Tables _____ Folding Chairs

Tables and chairs must be returned within 36 hours. Contact the church office for availability and location of these items.

I understand that church funerals take precedence and could result in the room relocation of this event.

Signature of Applicant: _____ Date _____

All building use is subject to Board of Trustees approval.

Approved by: _____ Pastor _____ Date _____

_____ Trustee Chprsn. _____ Date _____