

**YORK UNITED METHODIST CHURCH
BUILDING/FACILITIES REQUEST FORM**

Name/Organization Requesting Use of Facilities

| | |
|-----------------------------------|-----------------------|
| Name: | |
| Name of Contact person for group: | |
| Address: | |
| City, State, Zip: | |
| Home Phone: | Cell/Work Phone: |
| Email: | Description of Group: |

Purpose of Use Information

| | |
|--|-----------------------|
| Purpose: | |
| Date(s) Requested (check appropriate box and complete blanks): | |
| Please note: Hours requested are to include set up and clean up | |
| <input type="checkbox"/> One Time (Day/Date) | Hours: _____ to _____ |
| <input type="checkbox"/> Weekly (Beginning/End date) | Hours: _____ to _____ |
| <input type="checkbox"/> Monthly (Beginning/End date) | Hours: _____ to _____ |
| <input type="checkbox"/> Other (please specify) | |

Room(s) Requested:

| | |
|---|---|
| <input type="checkbox"/> York Community Hall | <input type="checkbox"/> Downstairs classroom |
| <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> YCH Kitchen |
| <input type="checkbox"/> Upstairs classroom | <input type="checkbox"/> Pavilion (members only) |

Is the oven/stove needed? _____

Liability Disclaimer

Organization/Individual (User) signing this agreement will agree to hold harmless, indemnify and defend York United Methodist Church (Owner; including agents, employees, and representatives) from any and all liability for injury or damage including, but not limited to, bodily injury, personal injury, emotional injury, or property damage which may result from any person using the described premises, its entrances and exits, and surrounding areas, for User's purposes, regardless of whether such injury or damage results from the negligence of the Owner (including agents, employees, and representatives) or otherwise.

I/We acknowledge that I have read and understand the conditions for use of the York United Methodist Church Facilities and I/We agree to abide by these conditions.

Signature: _____ **Date:** _____

For office use only:

| | |
|----------------------------------|-------------|
| Deposit received: _____ | Date: _____ |
| Rental fee received: _____ | Date: _____ |
| Building Monitor assigned: _____ | Date: _____ |
| Deposit returned: _____ | Date: _____ |