

**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	
One Time (Day/Date)	Hours: _____ to _____
Weekly (Beginning/End date)	Hours: _____ to _____
Monthly (Beginning/End date)	Hours: _____ to _____
Other (please specify)	

Room(s) Requested:

___ York Community Hall	___ Downstairs classroom
___ Fellowship Hall	___ YCH Kitchen
___ Upstairs classroom	___ 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: _____