

**BUILDING USE REQUEST FORM**

**due 4 weeks prior to date requested, pending approval**

The Leadership Council of Christ UMC recognize that the physical property of Christ UMC may be used for outreach and mission in the community. As part of our outreach commitment, Christ UMC makes available designated spaces for use by community nonprofits, boy and girl scout troops, religious celebrations, family milestone events, and events of interest to the broader community.

**Date of Application: \_\_\_\_\_\_\_\_**

**Date of Event (requested): \_\_\_\_\_\_\_\_**

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ herein known as GUEST.

Name of Private Party \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ herein known as GUEST.

Non profit organization YES NO

Entrance/registration fee be charged? YES NO Amount $\_\_\_\_\_\_\_\_\_\_\_\_.

Type of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Setup Time: start:\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Time: start:\_\_\_\_\_\_\_\_\_\_\_\_ end:\_\_\_\_\_\_\_\_\_\_\_\_\_

Space/s Requested

Sanctuary \_\_\_\_\_\_\_\_\_

Fellowship Hall \_\_\_\_\_\_\_\_

Kitchen\_\_\_\_\_\_\_\_

Chapel \_\_\_\_\_\_\_\_\_

Parking Lot \_\_\_\_\_\_\_\_

Classroom/s \_\_\_\_\_\_\_\_ How many \_\_\_\_\_\_\_

Family Gathering Room \_\_\_\_\_\_\_

Special equipment requested/special needs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planned Attendance # of Adults \_\_\_\_\_ under age 18 \_\_\_\_\_ = Expected total:\_\_\_\_

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Building Use and Shared Utilities Fee Schedule

Certificate of Insurance and fees must be received ten days prior to event.

**active members non members payable to**

Deposit ---- $200 Christ UMC

Chapel $250 $300 Christ UMC

Up to 4 hours

Fellowship Hall $250 $500 Christ UMC

4 hours plus 1 hour set up

Additional time-space $75/hr $150/hr Christ UMC

Sanctuary Use$250 $600 Christ UMC

Up to 4 hours

Sound Setup/microphones $75 $75 Christ UMC

Use of Instruments $185 $185 Christ UMC

Use of AV equipment (sanctuary) $75 $75 CASH

AV Services $75 $75 CASH

Church musician $250 $300 CASH or check

payable to Dr. Lynn Stallworth

Soloist $75 $75 CASH

Wedding Coordinator $150  $150 CASH

Church Rep $150 $150 CASH

Up to 4 hours, under 100 people)

Admin Fee $150 $150 Christ UMC

Notes: Church rep additional $50 per hour over 4 hours

Two church reps are needed for larger groups over 150

A $50 cancellation fee will be charged if cancellation occurs within 7 days of the scheduled date.

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**Insurance Requirements for Use of Space**

GUEST, at its sole cost and expense, shall maintain during the date/s of use of this agreement public liability insurance, insuring against ALL liability of GUEST, Christ UMC, and their authorized representatives arising out of and in connection with GUEST’S use of Christ UMC, with a single liability limit of $1,000,000 and Property damage of $1,000,000.

**Christ UMC shall be named as an additional insured on the policy purchased by GUEST. \_\_\_\_\_\_\_**

GUEST agrees to provide Christ UMC with a copy of the **COI (certificate of insurance)** evidencing that it has complied with the insurance requirements ten days prior to the event. \_\_\_\_\_\_

GUEST agrees to defend, indemnify, and hold harmless Christ UMC against any and all liability, claims, judgments, or demands, including demands arising from injuries or death of persons (guest’s employees included) and damage to property, arising directly or indirectly out of obligations herein undertaken or out of the operations conducted by GUEST. \_\_\_\_\_\_\_

It is the intention of the parties that the indemnity provided for by this agreement provides for indemnity to the fullest extent provided for by law.

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GUEST accepts Christ UMC in AS IS condition. \_\_\_\_\_\_\_\_\_

Name of Insured if different from person responsible (insured party must attend event) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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