## **Facilities Request Form**

Churubusco United Methodist Church 750 North Main Street, Churubusco, Indiana 46723

Today's Date	
Name of Organization/Individu	al
Contact Person	
Phone Number	_Email
	<b>SO</b>
Date of Event	
Event Category	
Party/Celebration	☐ Wedding Reception ☐ Class
	Meeting (clubs, sororities, etc.)
☐ Other	
Rooms Needed	
☐ Fellowship Hall	
Kitchen	☐ Classroom (how many?)
Start Time End Time _	(add set up/clean up time)
Number Expected	
Items Needed (availability varie	•
$lue$ Tables $\ \_$ round $\ \_$	rectangle (8 ft.)
Chairs	
☐ TV	
DVD Player	
Podium	
Projector Screen	
Wifi (contact church	office for address)
Computer/Sound/Vio	deo in sanctuary (trained CUMC
	dditional fee; please see brochure)
Other	
Amount Owed \$ Date Amount Paid \$ Date	e
☐ In Full ☐ Cash (receipt give	
Ending Balance Due \$	
	(over)

I,, understand that I am taking responsibility for myself and my party when using the Churubusco UMC facilities. Any mishap or injury that may happen while in the Churubusco UMC facility I am responsible for and waive any liability right toward Churubusco UMC. I also understand that any damage done to the Churubusco UMC facility or property there in, will be my responsibility to replace or repair to the original state or to satisfaction of the church in a timely fashion. I further understand that my event is not officially booked until I get this signed copy from the church office.
Signature
Today's Date
Church use:
Approval
Today's Date