

Mt. Zion United Methodist Church – Building Use Application

This form must be filled out for all events held at Mt. Zion. **All non-ministry events (member and non-member) require a \$50 refundable deposit which must be submitted with this form.** Complete this form in its entirety and submit to the church office at least three weeks before the event. The request will be reviewed and added to the church calendar if and when approved. If there is a scheduling conflict, or the event is denied, you will be notified as soon as possible. Telephone reservations are not accepted. Your space is not considered reserved until application and deposit have been received and approved by the Trustees.

Section I

Event Date:

Event Time:

Time period requested (including set up and clean up time*) Start Time:

End Time:

If set up is to occur on another day, specify day and time: * _____

Event/Activity:

Are you a ministry of Mt. Zion? Yes No (?)

Do you need a key? Yes **No**

Number of people expected:

Is this a recurring event? Yes **No**

If yes, how often? _____

Person/Committee/Ministry Team hosting activity:

**Please note: If your total room time (including setup time) exceeds 4 hours, you will be charged for each additional hour reserved. If you require set up time the day before your event, specify time and duration.*

Section II – check all areas and equipment requested

Rooms Requested

___ Sanctuary

___ Fellowship Hall

___ Kitchen (refrigerator, microware, and sink only)

___ Conference Room 1

___ Conference Room 2

___ Chapel

___ Classroom (# _____)

___ Office Meeting Room

___ Library

___ Youth Center

___ Nursery (children are not allowed to use this room unless supervised)

___ Volleyball Court/Picnic Tables

___ Other Area: _____

Equipment

___ TV

___ VCR/DVD Player

___ A/V Sound - (See Section IV) ___ microphone(s),

___ TV (Room ___), ___?

___ Projection

___ Piano/Organist – (See Section IV)

___ Keyboard

___ Other Equipment: _____

Section III

Your Name:

Date of Application:

Phone: (h)

(c)

(w)

Responsible Party's Signature: _____ (signature) Email: _____

Section IV <i>Fees are for up to 4 hours</i>	Member/Ministry (non-business)*	Community Service, Non-profit or Religious Group	Non-Member or Business/ Fundraising function
Fellowship Hall and Kitchen**	*	\$100/4 hours; \$25 each additional hour	\$300/4 hours; \$75 each additional hour
Sanctuary – does not include use of sound system or organ	*	\$100/4 hours; \$25 each additional hour	\$300/4 hours; \$75 each additional hour
Conference Room 1, Conference Room 2, or Chapel	*	*	\$100/4 hours; \$25 each additional hour
Classroom, Nursery, or Library (# of rooms needed _____)	*	*	\$75/4 hours; \$15 each additional hour
Youth Center	*	*	Not available
Volleyball Court/Picnic Tables***	*	*	Not available
Pianist/Organist	\$200	\$200	\$250
Other Musicians: Singers, instrumentalists, etc.	gratuity	\$150	\$150
AV &/or Sound Projection request	\$100	\$200	\$200
<i>Supplemental gratuities for musicians is allowed.</i>			
<i>* A donation to cover utility costs (except where a fee is specified) is requested from all individual members, community service, non-profit or religious groups reserving an area(s).</i>			
<i>**Kitchen use by non-ministry events is limited to refrigerator, microwave & sinks only – use of ovens, range and dishwasher is prohibited.</i>			
<i>*** The playground area may only be used by Mt. Zion members and Mt. Zion's preschool families.</i>			

Authorization Statement: You are authorized to use the building space requested subject to the limitations noted below. Please read and initial each statement below.

_____ By signing this agreement, I agree to be held responsible and accountable for the facility use authorized, and accept liability for any costs to Mt. Zion for necessary maintenance or repairs due to damage arising from the improper or negligent use of the facility.

_____ I understand that a \$50 deposit is required with the submission of this form and a separate check with full payment must be received at least two weeks in advance of requested dates. **If full payment is not received in advance, use of building or facilities will be denied and deposit will be forfeited.** In the event that my request is being made with less than two weeks notice I agree to submit full payment with this application. *(If application is denied, checks will be returned.)*

_____ I understand that I am responsible for setting up and for cleaning up after my event. I will return all Mt. Zion equipment and furniture to its original condition and location. Trash will be placed in outside dumpster, floors swept, areas left clean, and no food left behind.

_____ I acknowledge that tables, chairs and other equipment are not to be moved from one reserved area to another without prior approval from a Trustee representative.

_____ I acknowledge that drinking of alcoholic beverages inside and outside the building is prohibited. Violation will result in forfeit of security deposit and parties will be asked to leave the premises.

_____ I acknowledge that smoking inside and outside the building is prohibited.

_____ I agree to limit my use of Mt. Zion facilities to those facilities reserved for my event.

- _____ I acknowledge that Mt. Zion will not be responsible for accidents, injuries, or the theft of personal property incurred by those parties authorized to use the facilities.
- _____ If I have reserved the outside grounds, I will leave them as originally found. I will remove trash from picnic, volleyball, and parking lot areas.
- _____ If using AV or/& Sound Projection, I agree to leave a check (See Section IV) payable to either **Robert Messerly** or **Daniel Gallagher**, depending on who will be serving that day, in the Office hallway mailbox.
- _____ If using services of Mt. Zion Pianist or Organist, I agree to leave a check (See Section IV) payable to **Kayla Kim** in the appropriate hallway mail box.
- _____ If using services of other Mt. Zion Musicians: Singers, instrumentalists, etc, I agree to leave a check (See Section IV) payable to **Mt. Zion United Methodist Church** in the appropriate hallway mail box.

Office Use Only: Deposit Received: _____ Date approved: _____ On Calendar: _____

Building Use Fees: Amount Due: _____ Final Payment Due: (2 wks prior to event) ____/____/____

Trustee Point of Contact: _____ **Phone:** _____

Pastor's Signature **Trustee Representative's Signature**

I authorize the return of the deposit: _____

Trustee Representative's Signature Date