

Application for Facility Use (complete both sides)

First United Methodist Church, 1005 Stover Street, Ft. Collins, CO 80524, 970-482-2436

All people are welcome at First Church and we do not discriminate on the basis of age, race, class, gender, sexual orientation, economic status, or ability. We expect all who use our facility to be welcoming and respectful toward all people, regardless of differences.

Event:	Event Date(s)	Set-Up Time:	Event Start Time:	Event End Time:
<input type="checkbox"/> This is a REVISION of a submitted form.				
Group Applying:	Contact Person:	Phone:	Today's Date: *	
E-Mail Address:				
Is this a recurring event? If so, please specify the pattern. (ex: monthly on first Wednesdays or weekly on Thursdays)				

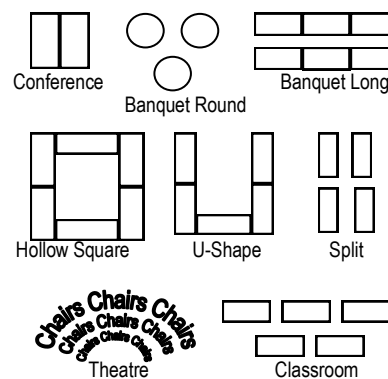
REQUEST FOR THE FOLLOWING AREA(S):

*The Scheduling Team requires two weeks advance notice to approve all requests.—Groups are encouraged to schedule recurring events, such as committee meetings, on a yearly basis. (i.e. Please submit applications in August for recurring events beginning in September, or submit applications in December for events beginning in January.) **First Church reserves the right to change room assignments.**

Fellowship Hall <input type="checkbox"/> Sec 1 (Narthex End) <input type="checkbox"/> Sec 2 (Middle) <input type="checkbox"/> Sec 3 (Storage) <input type="checkbox"/> Main Kitchen	Administrative Wing <input type="checkbox"/> Conference Room	Worship Area <input type="checkbox"/> Chapel <input type="checkbox"/> Sanctuary <input type="checkbox"/> Marcussen Organ	Education Rooms _____ _____ _____	Other: <input type="checkbox"/> Parlor <input type="checkbox"/> Parlor Kitchen <input type="checkbox"/> Gathering Place <input type="checkbox"/> Wesley Commons	<input type="checkbox"/> Choir Room <input type="checkbox"/> Village Commons <input type="checkbox"/> Youth Wing <input type="checkbox"/> Other: _____ _____
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Set-Up: Draw diagram of your set-up

OR choose from these examples



Number of Tables: _____ Round Table 6' Long Table **Number of Chairs:** _____ **Number of Persons:** _____

Will your event need child care? Yes No

Information needed by the 15th of the month prior to your event.

Contact Barb Grauberger at (970) 412-5592 for more information/details regarding childcare.

Please list AV needs (including microphones, sound system, portable sound system, screens for projecting video presentations, etc.):

If reserving the Main Kitchen, please check all equipment you plan to use:

Oven Range Dishwasher Coffee Grinder Coffee Maker

Have you been trained to use the equipment checked above? Yes No (We will provide training prior to your event as needed.)

Freezer (How much space?) _____ Fridge (How much space?) _____

I AGREE TO THE REFUNDABLE DEPOSIT (See [Facility Use Policies & Procedures](#) page 2).

By signing below, I verify that I have read the First United Methodist Church [Facility Use Policies and Procedures](#) and will be responsible for making sure these policies are respected during my event. I will also update this form with the FCFUMC office regarding any changes a minimum of one (1) week in advance.

Signature of applicant/responsible party: _____

Application for Building Use, continued

Please check all that apply:

Church Affiliated Group: _____

Non-profit

Non-church Affiliated Group: _____

If this event is not affiliated with our church, is there a First Church member involved?

Yes , name of member _____ No

Yes, a copy of our Certificate of Insurance--Liability is on file at FCFUMC. (for non-church groups)

Person in charge at the event IF DIFFERENT from Contact person named above:

Name: _____ Phone: _____

E-Mail Address: _____

ADDITIONAL INFORMATION

Building Hours: Sunday 7:30 a.m. – 5:00 p.m.
 Monday through Thursday 8:00 a.m. – 8:00 p.m.
 Friday 8:00 a.m. – 5:00 p.m.
 Saturday 9:00 a.m. – 12:00 p.m.

Fees are detailed in the [Facility Use Policies and Procedures](#). Anticipated charges will be provided to you via email upon approval of your request.

Link to Facility Use Policies and Procedures:

http://fcfumc.net/images/documents/facility_use_policy_and_procedures_approved_07192016.pdf

OFFICE USE ONLY		
Scheduling Team Approval:	Date:	Reservation No. on EMS:
Google Calendar:	Email confirmation:	
cc: Henry Reyna:	cc: Jim Doser:	