

## Application for Building Use

First United Methodist Church, 1005 Stover Street, Ft. Collins, CO 80524, 970-482-2436, FAX 970-221-5833

**FCFUMC reserves the right to change room assignments**

This is a REVISION of a submitted form.

Event:	Event Date(s)	Set-Up Time:	Event Start Time:	Event End Time:
Group Applying:	Contact Person:	Phone:	Today's Date: *	
E-Mail Address:				

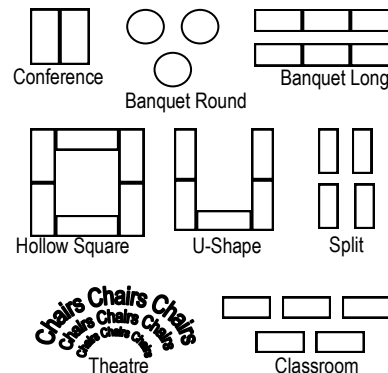
**REQUEST FOR THE FOLLOWING AREA(S):** \*The Scheduling Team requires two weeks advance notice to approve all requests.

<b>Fellowship Hall</b> <input type="checkbox"/> Sec 1 (Narthex End) <input type="checkbox"/> Sec 2 (Middle) <input type="checkbox"/> Sec 3 (Stage) <input type="checkbox"/> Main Kitchen***	<b>Administrative Wing</b> <input type="checkbox"/> Conference Room <input type="checkbox"/> Staff Kitchen <input type="checkbox"/> Office: _____	<b>Worship Area</b> <input type="checkbox"/> Chapel <input type="checkbox"/> Sanctuary <input type="checkbox"/> Marcussen Organ	<b>Education Rooms</b> _____ _____ _____	<b>Other:</b> <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"/> Other: _____ _____
---	--	--	---	---	---

**RESERVATION WILL NOT BE ACCEPTED IF SET-UP IS NOT COMPLETED**

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: \_\_\_\_\_

\*\*\*Have you completed the kitchen use form? (only required if you requested use of a kitchen)       Yes     No

I AGREE TO THE REFUNDABLE DEPOSIT (See Facility Use Policies & Procedure page 2).  
I have turned in our Certificate of Insurance at the time of booking.

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

By signing below, I verify that I have read the First United Methodist Church Building Policy and expectation information 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. Policy and Procedure link:

[http://fcfumc.net/images/documents/facility\\_use\\_policy\\_and\\_procedures\\_approved\\_07192016.pdf](http://fcfumc.net/images/documents/facility_use_policy_and_procedures_approved_07192016.pdf)

Signature of person responsible/applicant:

OFFICE USE ONLY

Scheduling Team Approval:

OFFICE USE ONLY

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reservation No. on EMS: \_\_\_\_\_

Email confirmation sent: \_\_\_\_\_

Fees: \_\_\_\_\_ cc HR: \_\_\_\_\_ Calendar: \_\_\_\_\_

**ADDITIONAL INFORMATION / REQUEST**

Building Hours: Sunday ..... 7:30 am – 9:00 pm  
Monday through Thursday ..... 8:00 am – 9:00 pm  
Friday ..... 8:00 am – 5:00 pm  
Saturday ..... 9:00 am – 12:00 pm

**SET-UP / CLEAN-UP REQUIREMENTS:**       CUSTODIAN (Fee applicable)     GROUP

If staff or responsible personnel is opening and closing, contact info.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Immediate Access Phone No.

**CHARGES:**

The charges for this event will be determined by the Event Scheduling Committee according to the Facility Use Policies and Procedures.

Room cost: ..... \_\_\_\_\_

Custodial fee..... \_\_\_\_\_

Sound & Light Tech fee: ..... \_\_\_\_\_

Reception (if applicable) ..... \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**TOTAL FEES:** .....                     

Non-Church Affiliated Group: \_\_\_\_\_

Yes, a copy of our Certificate of Insurance--Liability is on file at FCFUMC.

**Special Needs/Additional Information:** \_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_