

**TRINITY UNITED METHODIST CHURCH
APPLICATION FOR FACILITY USE**

Name of organization: _____

Address of organization: _____

Phone number(s): _____

Name of responsible person: _____

Address (if different from organization): _____

Phone number (if different from organization): _____

Date(s) of requested use: _____

Time & duration of requested use: _____

Facility(ies) for which use is requested: _____

Moor Hall

Classroom(s)

Gregory Room

Parlor

Moor Hall kitchen

Gregory Room Kitchen

Sanctuary

Chapel

Conference Room

Other (designate): _____

What is the nature of the event? _____

How many people are expected to attend? _____

Meal Provided? Y / N If yes: meal prepared by Trinity UMC or catered? _____

Liability Insurance Required:

Name of insurer: _____

Policy Number: _____

Name of insured: _____

Name of person completing this application: _____

Phone number / email address / fax number: _____

Signature: _____ Date: _____