

WUMC FACILITY RESERVATION FORM

Name of Organization: _____

Name of Designated Representative: _____

Address: _____

Phone Number: _____ Email: _____

Center Usage Description: _____

Date of Event: _____ Hours: _____

Sanctuary	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fellowship Center & Kitchen	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Old Fellowship Hall & Kitchen	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Conference Room	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Note 1: These spaces will be available on a first come, first serve basis for approved users. Generally, Church related functions will take priority for use of these spaces. If unused time slots are available, they may be reserved with the Administrative Assistant. If multiple users are attempting to use the space simultaneously, attempts to work around the conflict will be attempted by the Administrative Assistant and the Trustees. However, if a mutual agreement is not possible by the competing applicants, the Pastor will determine the higher good user and priority will be given to that user.

Note 2: "\$ Cost" is a non-reimbursable rental fee to cover utilities and labor associated with monitoring and securing the facilities.

Note 3: "\$ Deposit" is a reimbursable damages deposit. This fee is returned if the facility is left cleaner than you found it. Any labor and materials costs required associated with cleanup or damages to bring the space back to the original condition will be assessed by both the WUMC Maintenance and Administrative Directors. An appropriate amount of the deposit will be returned in a timely manner.

Date approved by Board of Trustees: _____

Date fee received: _____

Date key returned: _____

Date deposit refunded: _____

CC: Steve VanReenen

