

Benson Memorial United Methodist Church

Application for Use of Church Facilities

When completed, send to office@bensonmemorial.org, or bring this form to the church office.

Name of Group: _____

Profit ____ or Nonprofit ____ (Check one)

Type of Group (purpose, focus, etc.) _____

Is this a Ministry of the Church? (Check one) Yes ____ or No ____

Activities during Meeting: _____

Facility requested: _____

Date(s) requested: _____

Time(s) requested: _____

Number of people attending: _____

Adults: _____

Children: _____

Name(s) of Adult Church Member Sponsor and contact number: _____

Group Contact

Name(s): _____

Street address: _____

City, State, Zip: _____

Telephone number: _____

Fax number: _____

Alternate Contact Person: _____

Telephone number: _____

Benson Memorial United Methodist Church

Facility Use Agreement

I confirm that I have read and understand the Rules and Regulations, and that the information I have given above is accurate and complete. I agree to follow the Rules and Regulations and ensure that my group follows the Rules and Regulations during our scheduled activity. I understand that this application is for no more than one year and that my group will be evaluated at the end of that year for renewal of facility use privileges.

Signature of Group Leader or Representative

Date Signed

Signature of Church Sponsor

Date Signed

APPROVAL AND SCHEDULING SECTION.of Application for Use of Church Facilities

Pastor or Designee Approval: _____ Date: _____

When approved, bring this form to the church office for processing.

Modified 01/14/2019