

Cherryvale United Methodist Church

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Non-Wedding Building Use Form Request for Space

Event Date/s:		Recurring use? <input type="checkbox"/>	Day of Week:
Event Type:			
Start Time:		End Time:	
Set Up Required?: Y N	Set Up Date:	Set Up Time/s:	
Name:		Organization:	
Address:			
City:		State:	Zip:
Email:			
Phone 1:		Phone 2:	

Requested Areas of Use:

- Sanctuary: Nursery: Simon J. Gilbert Room: Library
 Outdoor Lawn: Playground: Classrooms: Kitchen
 Fellowship Hall (Downstairs*): (*Important: remind guests to enter from Lyle Ave. for parking in rear).
 Tables / Chairs usage in room/s selected You are welcome to use our tables / chairs however they must be arranged the way they were found as you leave.
 Projector Needed (must bring own computer). Other Equipment needs:

Other items of consideration, list here:

I understand that I am responsible for the thorough cleaning of the area used by me / my group, and all areas (inc. bathrooms) will be returned to the state in which they were found, with trash removed.	Initial here:	
Piano or other large objects or fixtures will not be moved without express prior permission of the trustees or Pastor.	Initial here:	
Donations accepted towards utility usage. A deposit of \$90 cleaning fee will be payable to Cherryvale UMC, refundable upon satisfactory inspection.	Initial here:	
I agree to secure the building before my departure, checking all doors, upstairs and downstairs.	Initial here:	
Name of person responsible for opening / closing all doors: <i>(Key available during office hours 48 hours prior to event. Key drop off within 48 hours after event, unless otherwise approved).</i>		
If children are present at the event, the child protective policy will be adhered to: Two non-related adults must be present in any room or space where children are present.	Initial here:	
My group has insurance which assumes all legal and financial responsibility while using our facilities. Cherryvale UMC is listed as an insured party in the event of any damages / claims. N/A Y (copy attached)		
Print Name:	Signature:	Date:

- Original-Office file. Copy, Trustees Chairperson Applicant Copy

Post on: Wall Calendar Facebook eCalendar Bulletin

Approved by: _____ Not Approved _____

Reason: _____