

LA PLATA UNITED METHODIST CHURCH

2009 - Application for use of Facilities

Applicant: _____

Primary Contact: _____ Phone: _____

Email: _____ Cell Phone: _____

Member of this Church Yes No

Secondary Contact: _____ Phone: _____

Email: _____ Cell Phone: _____

Member of this Church Yes No

Meeting Schedule One time only Weekly Bi-Weekly Monthly

Date(s) requested _____ Alternate Date(s) _____

Beginning Date _____ Ending Date _____

Meeting Time _____ Time Ending _____

Space Requested:

- | | | |
|---|--|---|
| <input type="checkbox"/> Sanctuary | <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Kitchen with on site preparation |
| <input type="checkbox"/> Conference Room #1 | <input type="checkbox"/> Youth Room | <input type="checkbox"/> Kitchen/no food preparation |
| <input type="checkbox"/> Conference Room #2 | <input type="checkbox"/> Choir Room | <input type="checkbox"/> OTHER _____ |

Type of Activity _____

Will food or beverages be served? Yes No

*** Please note that there is NO Food or Beverages are allowed in the Sanctuary and Choir Room*

Number of people attending _____ Number of Chairs/tables needed _____

In submitting this application, I hereby state: I am familiar with the policy/procedure for the use of the space adopted by La Plata United Methodist Church. I agree that we shall not hold the church responsible or liable for any accident which may occur. Furthermore, we will check with our insurer and name the church as additional insurer on our policy.

Signature _____ Date _____

Church Approval Signature _____ Approved Date _____

Church Fee \$ _____ Paid Date _____ Check number _____ Received by _____



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