

St. Matthew's United Methodist Church

14900 Annapolis Road, Bowie, MD 20715

APPLICATION FOR USE OF CHURCH FACILITIES

**Please PRINT Clearly.*

☐ Renewal ☐ New Request ☐ Church Group ☐ Other Organization or Individual

NAME OF GROUP/ORGANIZATION: _____

FREQUENCY: ☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ BI-MONTHLY ☐ QUARTERLY ☐ ONE TIME

DAY OF WEEK: ☐ SUN ☐ MON ☐ TUES ☐ WED ☐ THU ☐ FRI ☐ SAT

(Check all that apply.)

REQUESTED DATE: (for one time or other events) _____

REQUESTED DATES: (for daily, weekly, monthly, bi-monthly, quarterly)

Please list **ALL** dates requested:

BEGIN DATE: _____ THRU ENDING DATE: _____

(For Office Use Only):

TIME: FROM _____ UNTIL _____ **ACTUAL EVENT START TIME** _____

TYPE OF FACILITY NEEDED: (Please check all that apply.)

_____ Sanctuary	_____ Music room	_____ Parlor
_____ Fellowship Hall	_____ Nursery	_____ Amphitheater
_____ Classroom setting	_____ Child Care Room	_____ Memory Garden
_____ Lecture setting	_____ Parking Lot	_____ Shower Room
_____ Kitchenette	_____ Full Kitchen (FH)	_____ Other

ADDITIONAL EQUIPMENT NEEDED:

_____ Microphones (#)	_____ Music stands	_____ WIFI/Internet
_____ TV/VCR/DVD	_____ Overhead projector/screen	_____ # of chairs
_____ Sound system (sanctuary)	_____ White boards	_____ # of tables (rectangle)
_____ Lectern	_____ Piano/Organ	_____ # of tables (round)
_____ Easels (#)	_____ Copier	

FULLY DESCRIBE INTENDED USE OF FACILITIES: (include **ALL** activities including **serving food**)

(A detailed list may be attached.)

NUMBER EXPECTED TO ATTEND: _____ Adults _____ Children

***NOTE:** FACILITY WILL BE ASSIGNED ACCORDING TO SIZE AND ACTIVITY OF GROUP.

ACCESS CODES: **Separate forms are required**

☐ Long-term Code needed ☐ Short-term Code needed

*****PLEASE NOTE: IF YOU ARE SUBMITTING THIS APPLICATION FOR SOMEONE ELSE, PLEASE PUT THEIR CONTACT INFORMATION (CONTACT PERSON'S NAME FOR EVENT) IN THE ADDRESS, E-MAIL ADDRESS AND PHONE NUMBER SECTIONS OF THIS APPLICATION.**

(PLEASE PRINT CLEARLY)

***CONTACT PERSON(S) NAME(S) FOR EVENT/ACTIVITY:** _____

Address _____
Street City State/ZIP

Home phone number _____ Cell phone number _____

Work phone number _____ E-mail address _____

APPLICATION SUBMITTED BY:

Name Representing: _____
Group Name

Home Phone Number Cell Phone Number

Signature Date E-mail Address

(Please Initial) I have read the Policy Statement for Use of Building Facilities, the current attached security procedure and agree to abide by said policies.

For Office Use Only:

YEAR-TO YEAR RENEWAL _____ **ONE TIME USAGE** _____ **ROOM(S)** _____

FEE \$ _____ **AMOUNT OF CONTRIBUTION \$** _____

BOARD OF TRUSTEE'S ACTION

☐ **Approved**

☐ **Disapproved**

Signature: _____

Comments: _____

Total Due to St. Matthew's UMC \$ _____

Date Due By: _____

Date Received: _____

Date Approved: _____

10% Deposit Due to St. Matthew's UMC \$ _____

Date Due By: _____

Date Received: _____

Date Approved: _____