



**NOLENSVILLE FIRST**  
UNITED METHODIST CHURCH

**Request for Use of Church Facilities – Recurring Events**

**Name of Group/Organization:** \_\_\_\_\_ **Size of Group:** \_\_\_\_\_

**Beginning Date Requested:** \_\_\_\_\_ **End Date Requested:** \_\_\_\_\_

Facilities Requested:  Sanctuary  Fellowship Hall/Kitchen  Youth Area  Grounds  
 Sound System  Other: \_\_\_\_\_

**Event Time:** \_\_\_\_\_ to \_\_\_\_\_

Building Access Requested at: \_\_\_\_\_ Space will be cleaned and building vacated at: \_\_\_\_\_

**Purpose:** \_\_\_\_\_

Responsible Person Submitting Request: \_\_\_\_\_

NFUMC Member  Non-member  NFUMC-Sponsored Group  Community Group   
Government Organization

Phone: \_\_\_\_\_  home  business  cell

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Please initial each item applicable:

\_\_\_\_\_ **Community Groups:** Proof of Insurance is attached.

\_\_\_\_\_ The above signed has access to a Church key. Whose key? \_\_\_\_\_

\_\_\_\_\_ Arrangements for a key will need to be made. (Contact the Administrator).

**Please allow three weeks after an event for return of cleaning/damage deposit.**

**Office Use Only:**

Date request and deposit received: \_\_\_\_\_ Date entered on church calendar: \_\_\_\_\_

Payment: \_\_\_\_\_

Not Approved  Approved by: \_\_\_\_\_

Deposit Return  Approved  Denied by: \_\_\_\_\_

Date deposit returned: \_\_\_\_\_

Our Vision: *loving God and neighbor where we live*