



NOLENSVILLE FIRST

UNITED METHODIST CHURCH

Request for Use of Church Facilities – Single Event

Name of Group or Host: _____

Date Requested: _____ Size of Group: _____

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).

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: _____

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

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