

Date request submitted: _____

REQUEST FOR USE OF FACILITIES

To be completed and submitted to the church office by the non-profit organization wishing to use the facilities of Redlands FUMC

Redlands First United Methodist Church

One East Olive Avenue, Redlands, CA 92373

Phone: 909.793.2118 ~ Fax: 909.335.8721 ~ Email: office@redlandsfirstchurch.org

Name of Event: _____

Type of Event: _____

Name of Organization/Person: _____

Address: _____

Telephone: _____ **Email:** _____

Name of Contact Person: _____

Form of organization: corporation, partnership, unincorporated association, public school, private school, government entity, other: _____

Are you a religious corporation? Yes No

Do you have and I.R.C. 501 C 3 exemption? Yes No **Tax ID#** _____.

Rooms desired: Sanctuary ____ Gathering Area ____ Andrew N. Dike Chapel ____
Youth Center ____ Education Building ____ Weeks Hall ____ Weeks Hall Kitchen _

Upon Trustee approval, your organization MUST provide proof of insurance for \$1,000,000 and naming Redlands First United Methodist Church as "also insured".

Church equipment requested: _____.

Number of days expected to use the facilities: _____ **Includes set-up and take down.**

Number of persons expected: _____ **Number of cars expected:** _____

Are you or members of your organization members of the church? Yes No

If yes, please name: _____

Other pertinent information including desired set-up:

_____.

For Church Use

APPROVED _____ DATE _____

Initial: _____

Notified by email: ____/____/____ or phone call: ____/____/____

Total Amount requested: \$_____

DISAPPROVED _____ DATE _____

Reason: _____

Initial: _____