

GARBER UNITED METHODIST CHURCH
4201 Country Club Road, New Bern, NC 28562
FACILITY USE REQUEST
August 2009-July 2010

CHECK ONE: _____ Garber Sponsored Group _____ Community Group
Contact Person Name _____ Daytime Phone: _____
Group Name _____ Group Size _____
Contact Person=s Address _____
Email Address: _____
Beginning Date of Event _____ Beginning time _____ Ending time _____ Setup time _____
frequency of events _____ number of events _____ Last event date _____

Requested area of use for group/meeting: Campus I Fellowship Hall Campus I Kitchen Meeting Room
 Ministry Center Fellowship Hall Ministry Center Kitchen (Certified Trained Person Required) Other
Is audio-visual required: Yes No (Certified Trained Person Required for Ministry Center; fees apply)
Equipment requested: # of tables _____ # of chairs _____
_____ Television _____ VCR _____ DVD _____ Video Camera _____ Projector _____ Screen
Setup/Custodial request-fees apply (attach drawing with equipment included) _____
Does your group serve coffee and other beverages? _____ Food or snacks? _____

WAIVER AND HOLD HARMLESS AGREEMENT

In consideration for being allowed to use the facilities of Garber United Methodist Church, I/we do hereby agree to hold Garber United Methodist Church free from all liability and claims for damages and injuries of any kind whatsoever, from any cause or causes whatsoever, which I/we incur or sustain while using the facilities of Garber United Methodist Church, and I/we further agree to hold harmless Garber United Methodist Church from any liability, loss, or cost (including, without limit, attorney fees) and other obligations arising out of any such damages and injuries, however they are incurred or sustained.

Signature _____ Date _____

ACKNOWLEDGMENT OF FACILITY USE POLICY

By signing this document, I hereby acknowledge, on behalf of the above named organization, that I have received a copy of the Garber United Methodist Church Policy for Use of the Garber UMC Facilities, that I understand the contents of said policy and agree to be bound by the policy. I further understand that the use of these facilities is a privilege, not a right and that such privilege can be revoked should the pastor and/or Board of Trustees deem it necessary.

Signature _____ Date _____

FOR STAFF/TRUSTEE USE ONLY:

Date Received: _____
Event is: _____ APPROVED _____ NOT APPROVED FOR THE FOLLOWING REASON: _____

Date Event Contact Person Notified of approval/disapproval: _____ by _____ (phone, mail, etc.)
Fees Due: key _____ Facility: _____ Kitchen: _____ Audio-Visual: _____
Trained Kitchen Staff assigned: _____ Trained Audio-Visual Staff assigned: _____