Black River Falls United Methodist Church Building Use Request Form

Please return completed form to Church Office at least two weeks prior to date requested to confirm your reservation.

1.	1	Date:		
	(Group or Individual Requesting Use)			
2.	2. Address:	Telephone:		
3.	3. Explain Activity to be held:			
4.	4. Estimated number of people in attendance:			
5.	5. Date(s) Requested: If recur	ring: Start Date:	End Date:	
6.	6. Time of Day: Begin:	End:		
7.	7. Contact person who will be present:			
8.	8. ☐ I have a key to the building. ☐ I will need to check out a l	key. □ A key is	not needed.	
9.	9. Facilities needed (please mark all rooms to be used):	Facilities needed (please mark all rooms to be used):		
☐ Sanctuary ☐ Keefe Conference Room				
 □ Fellowship Hall □ Van Etta Library □ Kitchen □ Nursery (Two adults must be with children at all time 				
		en at all times)		
	☐ Classroom(s) How many?			
10.	10. Equipment Needed:			
10	☐ TV/DVD			
	□ Stove			
	☐ Dishwasher/Garbage Disposal			
	☐ Coffee Makers			
(See	The group or individual using the building is responsible for set up, consider the set of the set up, considered the set of the set up, considered the set up, c	use, please report to th	e Church Office promptly.	
mem	The person/organization requesting the use of church facilities hereby members of any liability for personal injury to any individual resulting be responsible for any property damage that results during the use of	g from the use of the ch		
	Signature on this form indicates acceptance of all applicable fees and Fee Schedule, and Safe Sanctuaries Policy)	policies. (See Building	g Use Policy, Building Use	
		Date:		
	Signature of Responsible Party			
Ann	Approved by	Date:		
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