

FACILITIES USAGE APPLICATION & SET UP

FOR NON-UMC EVENTS

First United Methodist Church | 72 Lake Morton | Lakeland, FL 33801

_____	PM	_____	APM
_____	KITCHEN	_____	MC

Date of EVENT: _____ Time of EVENT: _____

Date of SET UP: _____ Time of SET UP: _____

Name of Group: _____

Room: _____ Est. Number to Attend: _____ Rec'd by: _____ / Date: _____

FOOD: Will there be food served at this event? YES NO

If yes, furnish name and phone number of caterer or individual: _____

*** If using First UMC Kitchen Staff, use must be confirmed separately with Kitchen Mgr, Mike Stasiak*

A / V: Are you requesting the use of audio / visual equipment? YES NO (Additional charge)

ROOM SET UP (Outline room arrangement only if it is other than room's standard set up)

CONTACT INFORMATION:

NAME: _____

EMAIL ADDRESS: _____

BEST PHONE NUMBER TO REACH YOU DURING THE DAY: _____

NAME OF CONTACT DURING EVENT: _____ PH #: _____

ADDITIONAL INFORMATION

(Please complete this side in full)

ABOUT YOUR ORGANIZATION: (If you answer **NO** to any question, please discuss with First UMC staff)

A. Is your group supported financially or other ways by First UMC, Lakeland? YES NO

If so, how: _____

B. Is your group a part of the greater United Methodist Church Connectional System? YES NO

C. Does your group hold a 501(c) non-profit certificate? YES NO

(Event is not confirmed until a copy of IRS determination letter of non-profit status is received by the Church)

D. Can your group supply a certificate of liability, naming First UMC as certificate holder? YES NO

(Room is not reserved until certificate naming First UMC is received by the Church)

E. What is the purpose of your group? _____

EVENT CONFIRMATION: This event is neither CONFIRMED nor is the room RESERVED until a copy of **IRS letter of determination of 501(c) status** AND a **Certificate of Liability** naming the church as the certificate holder is received by the Church.

SEND INVOICE TO:

NAME: _____

MAILING ADDRESS: _____

CHARGES:

The Church reserves the right to re-evaluate the event at its conclusion, and invoice requesting group additional charges if warranted. Full disclosure of said additional charges will be furnished by the church.

PRE-EVENT ANTICIPATED CHARGES: \$ _____

SIGNATURES:

APPLICANT'S SIGNATURE: _____ Date: _____

CHURCH STAFF SIGNATURE: _____ Date: _____

ADDITIONAL NOTES: