

BUILDING USAGE AND ROOM RESERVATION REQUEST FORM

St. Andrew's United Methodist Church
Charlotte, NC

Before completing this form, read *Building Usage for St. Andrew's UMC*.

Date of Request: _____

Requestor's Information:

Name: _____

Address: _____

Telephone Number: _____

Email: _____

St. Andrew's Member Sponsor's Information:

Name: _____

Address: _____

Telephone Number: _____

Email: _____

Requested Date for use of Facility: _____

Start Time, including set-up: _____

End Time, (when the last person is expected to leave: _____

Will custodial services be required either for room set-up or clean-up? Yes No

Estimated cost \$100-\$200

If set-up is needed, provide a diagram of the set-up and complete the following:

Number of tables needed: _____ Number of chairs needed _____

Childcare facilities are available, but you provide your own childcare estimated cost 2 hour minimum and promise to adhere to our Safe Sanctuary policy.

Do you need a room(s) for childcare? Yes No # of rooms needed _____

If "yes" please read *Safe Sanctuaries Policy*, located on our web site. Have you read this policy?

Yes No

Will audio-video equipment be needed for this event? Estimated cost \$250-\$350 Yes No

Sound Tech: _____

Type of AV Equipment needed: _____

Type of Event: _____

Please refer to the *Building Usage for St. Andrew's UMC*

Check Category: Group A (Church group) Group B (Sponsored Group) Group C (Outside Group)

If you are an outside group, (B or C), please provide a Certificate of Insurance with your request.

Will kitchen resources be required for this event? This includes ice and water. ___Yes ___No

Will any items be sold or funds taken at this event? ___Yes ___No

Is Finance Committee approval required for this event? ___Yes ___No

If approval is required, has the Finance Committee been contacted? ___Yes ___No

Has approval been given? ___Yes ___No

Is this a recurring event? ___Yes ___No If "yes", frequency is _____

Check the rooms being requested.

_____ Archdale Kitchen

_____ Family Life Center Kitchen

_____ Commons Room

_____ Other Room(s) Specify room number or capacity needed: _____

_____ Fellowship Hall

_____ Family Life Center

_____ Sanctuary (Weddings only)

The total charge for the event will be determined by Archdale Community Center and/or church leadership. Please refer to the *Building Usage for St. Andrew's UMC*, for a list of the minimum and maximum fees for each type of event.

Total Cost: \$ _____, includes custodial fees of \$ _____

One half (1/2) of the total cost is due before the reservation is placed on the calendar.

Deposit of \$ _____ received on _____

Balance of \$ _____ due no later than _____ (3 weeks prior to date of event.)

Do you need an invoice sent? Yes ___ No ___

If so, where should we send the invoice?

Contact Name _____ Email _____

Address _____

Phone number _____

For outside groups, as defined in *Building Usage for St. Andrew's UMC*, the "Certificate of Insurance Liability" must be received by _____ (3 weeks prior to date of event.)

Approval received on _____ from _____, Trustee

Requestor

I have read the *Building Usage for St. Andrew's UMC*, and I am in agreement with all conditions contained within. With my signature, I agree to abide with all rules and regulations.

Signature: _____ Date: _____

Church Member Sponsor

As a church member, I agree to sponsor this event and will be present for the duration of the event. I have read the *Building Usage for St. Andrew's UMC*, and I am in agreement with all conditions contained within. With my signature, I agree to abide with all rules and regulations.

Signature: _____ Date: _____

Archdale Community Center/Church Leadership

Signature: _____ Date: _____