

Application for Use of Monte Sano United Methodist Church Facilities

To be completed after contacting the MSUMC Office regarding available dates and proposed purposes. Return this form to Monte Sano United Methodist Church (MSUMC), 601 Monte Sano Boulevard, Huntsville, AL 35801 256-533-6083

Date(s) of Usage: _____ **Time: From** _____ **to** _____

Applicant Name: _____ MSUMC Member Yes: ___ No: ___

Group/Organization or Event: _____ (Additional Wedding Info Sheet attached.)

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E mail: _____

Please note: Only the responsible person or designated group representative may sign this application!

*Area Requested: Sanctuary Children’s Classroom(s) Adult Classroom(s) Prayer Chapel

Fellowship Hall Large Kitchen Nursery Music Room

In Admin Building: Youth Room Small Kitchen Library

Expected number of attendees: Adults _____ Children _____ Children’s Ages _____

Detailed description of use, specific needs and equipment required. (You may staple additional information as necessary.)

Additional Needs: (Please note each area requires special permission, and will be initialed upon approval.)

Use of Personal Multi-Media Equipment (i.e. disc jockey) Approval_____
(Please explain in detail the equipment you will bring and any special setups you need to do.)

Use of the MSUMC sanctuary multi-media equipment Approval_____
Name of Authorized Person Using Equipment: _____

Use of Kitchen Approval_____

Use of Small appliances (coffee makers, stove, dishwasher, refrigerator, etc.)? List needs. Approval_____

Any additional questions or comments?

*On the back of this form, please include any equipment needs and any other pertinent information that will be helpful to the Board of Trustees when considering your application.

Facility Request Application (Continued)

Fees to be determined by Trustees and Facility Coordinator.

Donation/Fee Schedule:	Member	Non-Member	Amount Owed
FACILITIES COORDINATOR	\$250	\$500	\$ _____
SANCTUARY	\$200/\$500 <small>(per hour/wedding)</small>	\$400/\$1000 <small>(per hour/ wedding)</small>	\$ _____
FELLOWSHIP HALL with KITCHEN USE <small>(per 4 hours) See attached kitchen use policy.</small>	\$300	\$600	\$ _____
FELLOWSHIP HALL ONLY (per 4 hours)	\$175	\$350	\$ _____
KITCHEN ONLY (per 4 hours)	\$100	\$200	\$ _____
PRAYER CHAPEL (Weddings No Addl. Charge)	\$40	\$80	\$ _____
CLASSROOMS (Weddings No Addl. Charge)	\$25	\$50	\$ _____
AUDIO/VISUAL EQUIPMENT (to be determined)			\$ _____
NURSERY/CHILD CARE (to be determined)			\$ _____
ADDITIONAL CLEANING FEE (to be determined)			\$ _____
Other: _____			

Total Amount Due: \$ _____

50% Non-Refundable Deposit: \$ _____

The undersigned agrees to abide by the conditions and rules set forth in the Guidelines for Use of Monte Sano United Methodist Church Facilities. Upon approval and prior to the event, the applicant will pay the appropriate fee for use of the Monte Sano United Methodist (MSUMC) facilities. All safety and fire laws will be observed. All furnishings and fixtures will be moved back to their original place. The undersigned will indemnify and hold MSUMC harmless from any and all claims, damages, liabilities or judgments, including costs and attorney fees that may arise as a result of the applicant's use of the facilities. The undersigned will assume responsibility for damage, loss or other liability arising from the use or misuse of the facilities. MSUMC will be named as an additional insured on the applicant's liability insurance policy, if requested. If problems or conflicts occur, MSUMC reserves the right to limit or terminate the use privileges of the above named group of individual(s).

Signature of Responsible Person: _____ Date: _____

(Print your name): _____

Name of Group: _____ Position in Group: _____

For Office Use Only	
Application Received: _____	Approval: _____ Date _____
Deposit to Accounting: _____	Facility Coordinator Assigned: _____

WEDDING PARTY INFORMATION

WEDDING DATE: _____ TIME: _____

REHEARSAL DATE: _____ TIME: _____

Bride Name: _____

Bride Address: _____ City: _____ State: ____ Zip: _____

Bride Phone(s): _____ E mail: _____

Groom Name: _____

Groom Address: _____ City: _____ State: ____ Zip: _____

Groom Phone(s): _____ E mail: _____

Family Member Contact: _____

Relationship to Couple: _____ Phone(s): _____

Officiating Minister Name: _____ Church: _____

Church Address: _____ City: _____ State: ____ Zip: _____

Church Phone(s): _____ E mail: _____

Wedding Director Name: _____

Phone(s): _____ E mail: _____

Other Information: (for church use only):

Music/Musicians: _____

Photographer: _____ Video: _____

Use of Fellowship Hall

_____ Rehearsal Dinner Caterer: _____

_____ Wedding Reception Caterer: _____