

FIRST UNITED METHODIST CHURCH OF EASLEY FACILITY USE FORM

THIS FORM MUST BE COMPLETED FOR ALL CATEGORY II EVENTS (see page 1)

The information requested below must be supplied, approved, and filed in the church office prior to the anticipated date of use:

TO BE COMPLETED BY APPLICANT:

Purpose/Activity: _____

Date requested: _____ Time: _____

Person Responsible: _____

Address: _____

Phone: _____

Sponsoring Organization: _____

I have read the First United Methodist Church Facility Use Policy and I agree to comply with the requirements contained therein.

Signed: _____ Date: _____

Facility requested: _____

Number of people expected: _____

Equipment requested: _____

Tables/chairs needed: yes () no ()

Other needs: _____

FOR OFFICE USE ONLY

Approved by: _____

Date Requested: _____ Date Recorded on Church Calendar: _____