

**Monson Community United Methodist Church
South Bend, IN
574-287-0201**

Building Use Request Form

Applicant agrees that they shall: be liable for any loss or damage to any property of the church by the undersigned organization or members. Applicant understands that this agreement must be approved by the Church prior to use of church facilities.

Date of Application _____

Name of Group/Organization/Ministry _____ Phone _____

Address _____ City, State, Zip _____

Name of Representative _____

Daytime phone of contact _____

Evening phone contact _____

Date Requested _____ Time _____ to _____

Alternate Date _____

Purpose of Meeting _____ How many people? ____

Room(s) Requested _____ Alternate choice _____

Equipment Requested _____

Church Staff Support needed _____

Do you have a Church key to get into the building? ___ yes ___ no

Do you have liability insurance for your organization? ___yes ___ no

Signature _____ Date _____

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*Please do not write below this line*

Approved Yes \_\_\_ No \_\_\_ Fee Yes \_\_\_ No \_\_\_ Amount \_\_\_\_\_

Special Instructions \_\_\_\_\_

Approved by \_\_\_\_\_