



Faith United Methodist Church

FACILITY USAGE/RENTAL

2115 W. 182nd Street, Torrance, CA 90504 | 310-217-7000

NAME OF ORGANIZATION/GROUP: _____

TYPE OF EVENT: _____

CONTACT PERSON/APPLICANT: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

ARE YOU A MEMBER OF FAITH UMC? ☐ YES ☐ NO

FACILITIES USE

☐ SINGLE USE

☐ STANDING RESERVATION*

DATE: _____

DAYS: _____

APPROX. # OF PERSONS: _____

HOURS: _____

SET-UP TIME: _____

START DATE: _____

EVENT TIME: _____

END DATE: _____

PREMISE VACATE TIME: _____

***Standing reservation applicants must submit a calendar of events upon submitting your application. Please consult with church office to confirm dates. Standing reservations must be updated annually.**

ROOM(S) REQUESTED:

☐ Fellowship Hall ☐ Activity Room

☐ Sanctuary ☐ Patio

Classroom(s):

☐ Room 16 ☐ Room 17 ☐ Room 18

☐ Room 19 ☐ Room 20

SUPPORT REQUESTED:

☐ AV Services* ☒ Janitorial Services

☐ Admin Support ☒ Event Host*

☐ BOT (Board of Trustees)

*Honorarias are requested for these services. Please make payment directly to personnel responsible

Does your group have liability insurance? If yes, provide a copy. ☐ YES ☐ NO

Does your group have proof of tax-exempt status? If yes, provide a copy. ☐ YES ☐ NO

Are fees/donations being collected for this event?
If yes, amount: _____ ☐ YES ☐ NO

Will this event be advertised? If yes, provide a copy of the advertisement. ☐ YES ☐ NO

Has this activity been approved in the past?
If yes, when? _____ ☐ YES ☐ NO

Faith United Methodist Church

I have read and agree to abide by the rules and regulations set by Faith United Methodist Church pertaining to the use of its facilities. I understand that I am responsible for any damage to the facilities, equipment or injury, which occurs, through our use of the building. I and/or the requesting organization will hold the Faith United Methodist Church harmless for any accident or injury arising from the use of the facilities. **PAYMENT AND LIABILITY COVERAGE MUST BE PROVIDED 2 WEEKS PRIOR TO THE EVENT OR YOUR EVENT WILL BE CANCELLED.**

While the church will make every effort to avoid cancelling your room usage, occasionally, the church may need to ask you to cancel your meetings for urgent church business, such as funerals. In regards to long-term use of the facility by sponsored programs, the Faith United Methodist Church may terminate applicant contract with a 30-day notice.

Applicant Name

Title

Date

Applicant Signature

Organization/Group Name

TO BE COMPLETED BY FAITH UMC OFFICE

OFFICE CALENDAR APPROVAL: BY: _____ DATE: _____

CERTIFICATE OF LIABILITY: ☐ YES ☐ N/A DATE RECIEVED: _____

LEADERSHIP ROSTER: ☐ YES ☐ N/A DATE RECIEVED: _____

CALENDAR OF EVENTS: ☐ YES ☐ N/A DATE RECIEVED: _____

TOTAL DONATION FEE: \$ _____ DATE RECIEVED: _____

BOARD OF TRUSTEES APPROVAL: _____ DATE: _____

PASTORAL APPROVAL: _____ DATE: _____

EVENT HOST ASSIGNED:

COPIES TO: _____