

Calhan United Methodist Church

Building/Equipment Use Form

Name of Individual or Group _____

Address _____ Phone Number _____

Date of Request _____ Time of Request _____

Type of Activity (Circle) Ministry Non Ministry/Non Commercial Commercial

Description of Activity _____

Description of facility/equipment needed _____

Signature of Applicant _____ Date _____

Approval of Request (Circle) Yes No

Fee (if applicable) _____ Damage Deposit (if applicable) _____

Proof of Insurance (if applicable) (Circle) Yes No

Name of insurance company (if applicable) _____

Fee for damages (if applicable) _____

Facility Use Coordinator Signature _____

Date _____