



Building Use Request Form
Palm Coast United Methodist Church
Tel: 386-445-1600 Fax: 446-3144

- Please submit completed form to Church Receptionist during normal business hours: Mon-Thurs, 9am-4:30pm; Fri, 9am-2pm.
- As outlined in the policy statement, submission of the Building Use Form does not guarantee space.
- Once the form is submitted, Office Manager, Lyn Preat (email: Lyn@palmcoastumc.org) or Office Assistant, Josephine Stashenko (email: Josephine@palmcoastumc.org) will check the church calendar and notify the contact person as to the status of the request.

CONTACT INFORMATION

Name of person placing request _____
 Are you a member of Palm Coast United Methodist Church? Yes _____ No _____
 Phone numbers: Business _____ Home _____ Cell _____
 Email address _____
 Signature _____

REQUEST INFORMATION

Date of Request _____ Request form accepted by: _____

NAME OF INDIVIDUAL/GROUP _____ **Number of persons in group** _____

Purpose for Use of Space _____

Program Description _____

How does this program relate to the mission statement and/or core value statements of Palm Coast United Methodist Church, as stated in the Building Use Policy? _____

Please identify the space needed (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Sanctuary (capacity: 400) | <input type="checkbox"/> Music Suite (capacity: 60) |
| <input type="checkbox"/> Prayer Room (capacity: 12) | <input type="checkbox"/> Narthex (capacity: 12) |
| <input type="checkbox"/> Nursery (capacity: 6) | <input type="checkbox"/> Education Wing Classroom (capacity: 12 per room) |
| | <input type="checkbox"/> Classroom 6 <input type="checkbox"/> Classroom 7 |
| | <input type="checkbox"/> Classroom 8 <input type="checkbox"/> Classroom 9 |
| <input type="checkbox"/> Fellowship Hall (capacity: 100) | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Fellowship Hall, Back Classroom (capacity: 10) | <input type="checkbox"/> Fellowship Hall, Front Classroom (capacity: 12) |
| <input type="checkbox"/> Youth Room (restricted use only) | <input type="checkbox"/> Library (capacity: 12) |
| <input type="checkbox"/> UMCS Classroom 3 (capacity: 10) | <input type="checkbox"/> UMCS Classroom 4 (capacity: 10) |

Is this request for one-time use? Yes _____ No _____

If YES, what day _____, date _____ and time _____ are you requesting?

Is this for repeating dates (multiple uses)? Yes _____ No _____

What is the beginning day _____, date _____ and time _____?

What are the days/dates/times for continuing? _____

NOTE: As per the Building Use Policy of Palm Coast United Methodist Church, space requests for non-profit groups and community service organizations will be approved for a maximum of twelve (12) months, September—August.

If you do not need the space during the time span, please notify the office 1 week in advance.

Agree _____ (please initial)

Continue on reverse side

KITCHEN USE: Will this event require use of the kitchen? Yes _____ No _____

- **NOTE:** If using the commercial stove in the kitchen, a designated person must be properly trained. Please contact the church office. Agree _____ (please initial)
- Palm Coast UMC does NOT provide clean-up services for the use of the kitchen. By using the kitchen, you agree to clean it afterward and leave all equipment in its original place. Agree _____ (please initial)
- If the kitchen is found in disrepair following your event, a custodial clean-up fee will be assessed according to the fee schedule in the Building Use Policy. Agree _____ (please initial)

Kitchen Use Approved: _____ (LP or JS) Date: _____

CUSTODIAL SERVICES: Do you require room set-up? Yes _____ No _____

- **If YES,** set-up diagram will be submitted 5-7 days prior to event. If diagram is not submitted, you/the group will set up the room. Agree _____ (please initial)

Will custodial services be required for clean-up? Yes _____ No _____ (please initial) _____

- **If YES,** a custodial clean-up service fee will be assessed according to the fee schedule in the Building Use Policy. Agree _____ (please initial)
- If the space is found in disrepair, a custodial clean-up fee will be assessed. Agree _____ (please initial)

Custodial Clean-Up Services Approved: _____ (LP or JS) Date: _____

Custodial Clean-Up Fee: _____

MEDIA SERVICES:

- **NOTE:** Use of any/all media equipment around the property requires approval by Media Services Staff, Steve Weaver. Individuals/groups are not allowed to operate the equipment unless properly trained by Steve. If media equipment is operated by media staff, fees may be assessed according to the fee schedule in the Building Use Policy.

Will audio/visual aids/services be needed? Yes _____ No _____

- If media services are needed, you agree to contact Media Services Staff, Steve Weaver, at least three (3) weeks prior to the event. Date of Event _____ Contact Steve at 386-445-1600 or email: Steve@palmcoastumc.org Agree _____ (please initial)

Description of services requested _____

- **If YES,** fees may be assessed according to the Building Use Policy for set-up prior to event and operation of media equipment during event. Agree _____ (please initial)

Media Services Approved: _____ (SW) Date: _____

Media Services Fee (preparation): _____

Media Services Fee (during event): _____

MUSIC SERVICES:

- **NOTE:** Use of the piano in the Sanctuary or Fellowship Hall and/or organ in the Sanctuary requires approval by Music Director, Jesse Chapman, and individuals/groups are not allowed to operate the equipment. If music equipment is operated by approved music staff, fees may be assessed according to the fee schedule included in the Building Use Policy.

Will use of the piano and/or organ be needed? Yes _____ No _____

- If music equipment is needed for your event, you agree to contact Music Director, Jesse Chapman, at least three (3) weeks prior to the event. Date of Event _____ Contact Jesse at 386-445-1600 or email: Jesse@palmcoastumc.org Agree _____ (please initial)

Description of services requested _____

- **If YES,** fees may be assessed according to the Building Use Policy fee schedule. Agree _____ (please initial)

Music Services Approved: _____ (JC) Date: _____

Music Services Fee: _____

NURSERY SERVICES:

- **NOTE:** Palm Coast United Methodist Church does NOT provide nursery attendants. If the nursery is needed, you agree to use it properly and leave it in the condition in which it was found. Agree _____ (please initial)
- If the nursery is found in disrepair following your event, a custodial clean-up fee will be assessed according to the fee schedule included in the Building Use Policy. Agree _____ (please initial)

SECURITY DEPOSIT: \$ _____

CERTIFICATE OF INSURANCE: _____ (\$500,000 policy with PCUMC

REQUEST APPROVED: _____ DATE: _____

named as additional insured)