



APPLICATION FOR USE OF CHURCH FACILITIES

Port Charlotte United Methodist Church
 21075 Quesada Ave.
 Port Charlotte, FL 33952
 (941) 625-4356
 pcumc@portcharlotteumc.org

Name of Organization or Program _____									
Contact / Responsible Person _____	Phone # _____								
Purpose of Event _____	Number Attending _____								
Date Requested _____	Time Requested (include setup & cleanup) From: _____ To: _____ = _____ hours								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Room(s) Requested <input type="checkbox"/> Fellowship Hall \$250/first hour = \$ _____ \$125/hr thereafter x _____ hrs = \$ _____ <input type="checkbox"/> FH1 only \$ 50/first hour = \$ _____ \$ 25/hr thereafter x _____ hrs = \$ _____ <input type="checkbox"/> FH2 only \$ 50/first hour = \$ _____ \$ 25/hr thereafter x _____ hrs = \$ _____ <input type="checkbox"/> FH3 only \$ 50/first hour = \$ _____ \$ 25/hr thereafter x _____ hrs = \$ _____ <input type="checkbox"/> FH4 only \$ 50/first hour = \$ _____ \$ 25/hr thereafter x _____ hrs = \$ _____ <input type="checkbox"/> FH5 only \$ 50/first hour = \$ _____ \$ 25/hr thereafter x _____ hrs = \$ _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Asbury Hall \$ 85/first hour = \$ _____ \$ 20/hr thereafter x _____ hrs. = \$ _____ <input type="checkbox"/> A/V Fee \$ 50/hr x _____ hours = \$ _____ <input type="checkbox"/> Classroom \$ 25/first hour = \$ _____ \$ 10/hr thereafter x _____ hrs. = \$ _____ <input type="checkbox"/> Kitchen \$ 50/hr x _____ hours = \$ _____ <input type="checkbox"/> New Room \$ 65/first hour = \$ _____ \$ 20/hr thereafter x _____ hrs = \$ _____ <i>Deposit equal to your first hour is required to reserve your room(s). Final payment is due one week before your event.</i> </td> </tr> <tr> <td style="text-align: center;">SUBTOTALS</td> <td>(Column 1) = \$ _____ (Column 2) = \$ _____</td> </tr> <tr> <td>Custodial Fee \$40 first hour = \$ _____</td> <td>Custodial Fee \$20 second & succeeding hour(s) = \$ _____</td> </tr> <tr> <td style="text-align: center;">TOTAL</td> <td style="text-align: right;">= \$ _____</td> </tr> </table>		Room(s) Requested <input type="checkbox"/> Fellowship Hall \$250/first hour = \$ _____ \$125/hr thereafter x _____ hrs = \$ _____ <input type="checkbox"/> FH1 only \$ 50/first hour = \$ _____ \$ 25/hr thereafter x _____ hrs = \$ _____ <input type="checkbox"/> FH2 only \$ 50/first hour = \$ _____ \$ 25/hr thereafter x _____ hrs = \$ _____ <input type="checkbox"/> FH3 only \$ 50/first hour = \$ _____ \$ 25/hr thereafter x _____ hrs = \$ _____ <input type="checkbox"/> FH4 only \$ 50/first hour = \$ _____ \$ 25/hr thereafter x _____ hrs = \$ _____ <input type="checkbox"/> FH5 only \$ 50/first hour = \$ _____ \$ 25/hr thereafter x _____ hrs = \$ _____	<input type="checkbox"/> Asbury Hall \$ 85/first hour = \$ _____ \$ 20/hr thereafter x _____ hrs. = \$ _____ <input type="checkbox"/> A/V Fee \$ 50/hr x _____ hours = \$ _____ <input type="checkbox"/> Classroom \$ 25/first hour = \$ _____ \$ 10/hr thereafter x _____ hrs. = \$ _____ <input type="checkbox"/> Kitchen \$ 50/hr x _____ hours = \$ _____ <input type="checkbox"/> New Room \$ 65/first hour = \$ _____ \$ 20/hr thereafter x _____ hrs = \$ _____ <i>Deposit equal to your first hour is required to reserve your room(s). Final payment is due one week before your event.</i>	SUBTOTALS	(Column 1) = \$ _____ (Column 2) = \$ _____	Custodial Fee \$40 first hour = \$ _____	Custodial Fee \$20 second & succeeding hour(s) = \$ _____	TOTAL	= \$ _____
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TOTAL	= \$ _____								
Any Special Needs <input type="checkbox"/> Tables <input type="checkbox"/> Chairs <input type="checkbox"/> Audio/Visual Equip <input type="checkbox"/> Other (explain on back) <input type="checkbox"/> Special setup (indicate by diagram on reverse exactly how space is to be set up)									
Food Served <input type="checkbox"/> None <input type="checkbox"/> Coffee/snacks <input type="checkbox"/> Pot luck <input type="checkbox"/> Prepared on-site <input type="checkbox"/> Catered									
<ul style="list-style-type: none"> • I acknowledge having received and read a copy of the rules and policies of Port Charlotte United Methodist Church & agree to abide by such rules and policies; • I understand the Port Charlotte UMC is not responsible for lost or stolen items; • I understand that the above described organization agrees to hold Port Charlotte UMC harmless for any injury, damage or stolen property that may occur as a result of using Port Charlotte UMC facilities; and • I certify that I am authorized to sign for the above described organization. 									
Signature of Applicant _____ Date _____									

Note 1: Facilities are not available during Holy Week (Palm Sunday through Easter) and Advent (the period of four Sundays before Christmas)

Note 2: No alcohol or illegal substances are allowed on our premises.

Note 3: No smoking is allowed in any of our buildings.

Approved Disapproved Custodian _____ Cert. of Ins. received?

Signature: _____ Date: _____

Trustee President or Senior Pastor