



# APPLICATION FOR USE OF CHURCH FACILITIES

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

Name of Organization or Program		Phone #	
Contact / Responsible Person		Phone #	
Purpose of Event		Number Attending	
Date Requested		Time Requested (include setup & cleanup)	
		From:	To: = hours
Room(s) Requested			
<input type="checkbox"/> <b>Fellowship Hall</b> \$250/first hour = \$ _____ \$125/hr thereafter x _____ hrs = \$ _____		<input type="checkbox"/> <b>Asbury Hall</b> \$ 85/first hour = \$ _____ \$ 20/hr thereafter x _____ hrs. = \$ _____	
<input type="checkbox"/> <b>FH1 only</b> \$ 50/first hour = \$ _____ \$ 25/hr thereafter x _____ hrs = \$ _____		<input type="checkbox"/> <b>A/V Fee</b> \$ 50/hr x _____ hours = \$ _____	
<input type="checkbox"/> <b>FH2 only</b> \$ 50/first hour = \$ _____ \$ 25/hr thereafter x _____ hrs = \$ _____		<input type="checkbox"/> <b>Classroom</b> \$ 25/first hour = \$ _____ \$ 10/hr thereafter x _____ hrs. = \$ _____	
<input type="checkbox"/> <b>FH3 only</b> \$ 50/first hour = \$ _____ \$ 25/hr thereafter x _____ hrs = \$ _____		<input type="checkbox"/> <b>Kitchen</b> \$ 50/hr x _____ hours = \$ _____	
<input type="checkbox"/> <b>FH4 only</b> \$ 50/first hour = \$ _____ \$ 25/hr thereafter x _____ hrs = \$ _____		<input type="checkbox"/> <b>New Room</b> \$ 65/first hour = \$ _____ \$ 20/hr thereafter x _____ hrs = \$ _____	
<input type="checkbox"/> <b>FH5 only</b> \$ 50/first hour = \$ _____ \$ 25/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>	
<b>SUBTOTALS</b>		(Column 1) =	\$ _____
		(Column 2) =	\$ _____
Custodial Fee	\$40 first hour	=	\$ <u>40.00</u>
Custodial Fee	\$20 second & succeeding hour(s)	=	\$ _____
<b>TOTAL</b>		<b>= \$ _____</b>	
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"/> <b>Special setup</b> (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"> <li>I acknowledge having received and read a copy of the rules and policies of Port Charlotte United Methodist Church &amp; agree to abide by such rules and policies;</li> <li>I understand the Port Charlotte UMC is not responsible for lost or stolen items;</li> <li>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</li> <li>I certify that I am authorized to sign for the above described organization.</li> </ul>			
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*