



Security Deposit: Returned Check: Yes/No Date: _____ Shred Check: Yes/No
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Campus Usage Request and Agreement

Name of Organization and/or Person Making Request / Responsible Person in Charge:

Name of Organization: _____

Name of Contact person: _____

OR

Individual Name: _____

Church Member: Yes / No

Address: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Nature of Event:

Describe Event:

Number of People Expected: _____ Rooms Needed: _____

Special Equipment Needed: (check all that apply)

- Audio/Visual Support
 Microphones
 Projectors
 Stage
 Tables and/or Chairs

Explain Needs: _____

Dates Requested:

1st Choice: Day of the Week: _____ Date (mm/dd/yyyy): _____

Time of Event: _____ AM / PM until _____ AM / PM

2nd Choice: Day of the Week: _____ Date (mm/dd/yyyy): _____

Time of Event: _____ AM / PM until _____ AM / PM

Door Security:

Doors for _____ (room) need to be unlocked prior to event for entrance by participants at _____ AM / PM

Doors for _____ (room) need to be locked after the event at _____ AM / PM

A Temporary Security Code is needed for the person in charge of Event, Set Up, Clean Up, etc. YES / NO

If yes, Name of person _____

Best Phone Number to reach them _____

Please complete front and back.

- Approval of request for building use is subject to strict compliance with the "Campus Usage Policy". Failure to adhere to the guidelines will result in disapproval of future requests from your group or organization for use of the church campus.
- As a private institution Grace Church reserves the right to approve/deny any campus usage event
- All use of the church building is at the sole risk of the requesting group or organization. By submitting this request, the requesting group or organization, for itself, its members and guests waives any claims arising from personal injury or property damage occurring during its use of the church facility. The requesting group and the responsible person in charge agree to hold Grace Church, its officers and trustees, harmless from any cost, expense or liabilities arising from such use.
- Organizations other than Grace Church groups shall provide a Certificate of Insurance indicating General Liability Coverage for the day of their event.
- A walk-through is required of all responsible persons, usually scheduled the week prior to the event. This is scheduled with the staff between the hours of 9:00 AM and 2:00 PM Monday through Friday.
- Please make all checks payable to Grace United Methodist Church
- Return this request and the applicable fees to Grace Church for approval. Read and keep all guidelines.
- A new request must be submitted for any changes to the information above.
- The Campus is not reserved until the request is approved, the security deposit is made (non-members), & usage fee is paid.
- Therefore, the parties agree that any claim or dispute arising from or related to this agreement shall be settled by biblically based mediation and, if necessary, legally binding arbitration in accordance with the governing documents of the Church and The Book of Discipline of the United Methodist Church, or in default thereof, the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of the Peacemaker Ministries. Judgment upon any arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

My signature confirms that I have read, understand, and will comply with all rules, regulations, and standards as set forth:

Signature: _____ Date: _____

----- **OFFICE USE ONLY:** -----

Request: Approved / Denied

By: _____ (signature) Date: _____

FEES RECEIVED:

	Date	Amount	Check # or Cash	Initials
Security Deposit				
Usage Fee				
Tech Fee				
Custodial Fee (opt)				

KITCHEN:

Given Kitchen Usage Form & Checklist: _____ (date) _____ (initials)

Received Checklist Back After Event: _____ (date) _____ (initials)