St. Andrew United Methodist Church

Box 434, 611 Swamp Creek Road, New Berlinville, PA 19545 610.367.7043

APPLICATION FOR CHURCH FACILITIES USE (INDOOR AND OUTDOOR) BY NON-CHURCH RELATED INDIVIDUAL OR GROUP

A non-church related group has to submit one application for the use of St. Andrew United Methodist Church (Indoor and or Outdoor) facilities at least three (3) weeks before the scheduled event. St. Andrew United Methodist Church herein referenced as Church. Print all information except for required signatures. The application must be submitted to the Church's Secretary and approved by the Board of Trustees.

Applicant's	Name					
Applicant's	Applicant's Land Line Number ()Cell Number ()					
Organization	n's Name if applicable					
Applicant's	Street Address					
Applicant's	Town	State	Zip Code			
State specifi	c reason(s) for request to u	se Church's facilities				
	arge of the activity must (a Il participants have left the) be present before facility i premise.	s opened, (b) must remai	n on site at all		
Date		Event's Beginning Time				

If more space is needed, on a separate sheet of paper provide the additional data using the above format.

NON-CHURCH RELATED GROUP

Applicant's name requesting use of Church ______ (completed by applicant)

Specifically indicate by an X the area(s) of the Church facilities being requested. Any area not listed below is not available for use.

Upper Level: _____ Welcome Center (Vestibule) _____ Sanctuary (Subject to Trustee Approval)

_____ Library _____ Crib Nursery* _____ Preschool Children*

*Each room requires that two responsible adults must be present when child/children are present

Lower Level: _____ Fellowship Hall _____Classroom across the hall from the kitchen

_____ Classroom at bottom of stairs leading to Welcome Center

Outdoor: _____ Rear Parking Lot _____ Front Parking Lot _____ Pavilion _____ Grill (Charcoal portion only). Applicant must furnish charcoal and supplies. All unused charcoal must be removed from Church premise after the event.

Complete this section if Church equipment is needed.

_____ Number of needed chairs _____ Number of needed tables

Is Sound System** needed __ Yes __ No __ Is AV** equipment needed __ Yes __No. If yes, specify what AV equipment is needed _____

**Service of Church operator is required or a qualified operator that was approved by Board of Trustee.

Kitchen equipment that is available: sinks and refrigerator. For insurance purpose, no other kitchen equipment can be made available.

The applicant may wish to consider using a carter if food is served.

If the applicant needs any of the above Church equipment, the applicant must call 610.367.8102 at least one (1) week before the scheduled event to meet with a Trustee. The applicant must furnish a diagram outlining in detail where the requesting equipment is to be placed.

Trustees will put in place and remove all church owned equipment.

If applicable, the applicant must cover all tables with a plastic like covering to protect the tabletops. Applicant must furnish all foods, supplies such as but not limited to: plastic table covers, place mats, plates, cups, flatware, cutlery, beverages, ice, etc.

Will the applicant be bringing any other group(s) onto the Church's facilities for this event? ____Yes ____No. If yes, name the group(s) and how will the group(s) contributes to the event.

NON-CHURCH RELATED GROUP

Applicant's name requesting use of Church ______ (completed by applicant)

Is this event a fundraiser? Fundraiser includes any activity that asks for money or goods. ____ Yes ____ No. If yes, explain in detail how the net proceeds from this fundraiser will be used.

Non-Church related groups can have one informational table in the Welcome Center (Vestibule). All ordering, distributing and payments are to be conducted in the Fellowship Hall.

Applicant must list below items or equipment that will be brought onto the Church's facilities. The Church will not be responsible for any and all mishaps to and caused by such items. The items or equipment must be approved by the Trustee, or a member of the Trustee. Items and equipment include such as, but not limited to: moon bounce, dunk tank, bungee jumping, animals, etc.

Indemnification

The applicant, all involved individuals assisting the applicant and all applicable organizations requesting the use of the Church's facilities (Indoor and Outdoor) immediately hereby

- Agrees to strictly comply with this policy, all applicable rules and regulations of the Church.
- Agrees to assume full responsibility for any injury to or loss of Church owned or leased property whether on or off site or to the person or property of anyone on or in the Church's facilities, and to hold the Church harmless from any loss or expense, including legal costs, and to make good without expense to the Church.
- Agrees to release, discharge and hold harmless from any liability and lawful actions whatsoever to the Church, Church Council, Any and All Church Committees, any and all Church organizations, Church employees and Church volunteers and congregational members.
- Certifies that the applicant, all involved individuals assisting the applicant and all applicable organizations have read and completely understands this indemnification, agrees to be governed by this indemnification. The applicant has voluntarily signed this release on behalf of the applicant as well as on behalf of all involved individuals assisting the applicant and all applicable organizations and that this indemnification shall be binding on not only the applicant, all individuals assisting the applicant and organization, but also all heirs, administrators, executors and assigns.

NON-CHURCH RELATED GROUP

Applicant's name requesting use of Church ______ (completed by applicant)

Include name, address and telephone numbers of person in charge who will be present when the facility is opened, and who will accept full responsibility for strict adherence to this Church policy and guidelines, rules and regulations. The signature of authorized officers of the applicant is required.

Print Name of Person in Charge	Line Phone Number	Cell Phone Number	
Signature of Person in Charge	Daytime Phone Num	ber	
Address (Apt. /House Number and Street	City/Town	State and Zip code	
Print Name of Authorized Officer	Line Phone Number	Cell Phone Number	
Signature of Authorized Officer	Daytime Phone Number		
Church Use Only			
Date Received from Applicant			
Date Given to Board of Trustee			
Date Approved by Board of Trustee			
Date of Distribution: ApplicantBoard of T		ary	

NON-CHURCH RELATED GROUP

Charges for **non-church related group** to cover expenses:

There is a four (4) hour maximum use of requested Church facilities and equipment. If additional time is requested, the cost will be prorated on an hourly increment based on the original fee. For example, if the original cost for four (4) hours is \$30; and the request is for five (5) hours, the charge would be \$37.50.

Check for the full amount must be attached to this form before consideration is given to use Church's facilities. The check shall be payable to St. Andrew United Methodist Church.

All inclusive maximum number of people in the Fellowship Hall is 150.

Upper Level:					
Library	\$ 75.00				
Wedding (entire Upper Level)	\$375.00				
Funerals	\$100.00				
Sanctuary	\$250.00				
Classroom	\$ 75.00				
Lower Level:					
Fellowship Hall and Kitchen	\$375.00 (Kitchen includes use of refrigerator, freezer and sinks)				
Classroom	\$ 75.00				
Pavilion	\$100.00 (includes use of charcoal portion of the grill)				
Parking	Pending upon how many parking areas is being requested				

The above costs can be modified to cover expenses as determined by the Board of Trustees.

Applicant must vacate all Church facilities by 10:00 pm. Applicant shall leave sufficient time to clean up the facility and to meet the time deadline.