

917 Clanton Road, Charlotte, NC 28217 704-523-7483 Office; 704-523-1388 Fax

FOR OFFICE USE ONLY
Approved/Signature
Declined/Signature
Amount Of Fee \$
Fee Due Date

REQUEST FOR FACILITY USAGE

(For use of the Church and/or its property)

<u>Please PRINT</u>						
Today's Date						
Name Of Event						
Name Of Contact Per	son					
Address						
		Apt. #		City	State	•
Telephone Numbers:						
_			Cell			Other
Sponsored by (group/or						
Are you a member of Th	ne United Method	list Church?	_YesNo	If yes, name of	Church	
Date of Event		(include day, m	onth, date, year)		
Set Up Time			Start T	ime		
Clean Up Time			End/Cl	ose Time		
Number of persons invo	lved in planned a	activity/event				
Is this a recurring activit	y/event?	YesNo)			
If yes, please s	specify:We	eklyB	i-Weekly	Monthly	Bi-Monthly	Other(s)
(examples:	every Monday or I	monthlyevery 3r	rd Thursday or l	oi-monthlyevery 2	nd Sunday starting	in February)
Describe Event:						
Doddingo Event.						
What area(s) do you wa	int to reserve?					
. , ,	int to reserve:	Closer	00m	т	ho Croundo/Darkii	ng Lot
SanctuaryClassro Fellowship Hall Library					he Grounds/Parki itchen	ng Lot
NOTE: The use of the						e use of the Child
Development (Center ONLY.					
Other needs (if any)	Sound Sy	stem _	Chairs	Tables	Other/Spe	ecify:
Signature of Person Ma	king Request					
· ·	· <u> </u>		nis request wi	ill not be proces	sed without prop	oer signature

By submittal of this form, the signee accepts all conditions for us of the facility as listed on the attached "Facility Rental Information" document. This form must be submitted to the Church Office Monday thru Friday 10:00am to 2:00pm at least two (2) weeks prior to the date of the event. A \$25.00 non-refundable fee is due at the time of reservation request for an event. Please make check payable to St. Mark's United Methodist Church. There will be a \$35.00 service charge for Non-Sufficient Funds payable in cash or money order.

CHURCH RENTAL RATES GENERAL USE

(Adopted by the Administrative Board effective 1994) Amended July 1, 2017

GENERAL USE:

Excluding weddings, community meetings and worship services.

Member* \$125.00 Non-Member \$250.00

A non-refundable deposit of \$25.00 is to be included with request form. Request will be placed on the calendar when deposit is paid. The balance is due 2 weeks prior to date of event. *If funds are not paid in full,* the facility will not be available for use.

FUNERALS:

*Member No rental fee

Non-Member \$75.00 maintenance fee

Fees for the musician need to be handled separately with the musician; outside musicians need to get prior approval before playing.

Fees for the AV Ministry need to be handled separately with the AV technician.

NOTATIONS:

*Member is defined as anyone who is a member of the United Methodist Church Connection.

**Changes to information inclusive may occur without notice.

REQUEST FOR FACILITY USAGE FOR WEDDINGS ONLY

Please PRINT Today's Date Name Of Bride Address Street Apt. # Citv Zip Code State Telephone Numbers: Home Work _____ Cell Other Name Of Groom Address Street Apt.# Citv State Zip Code Telephone Numbers: Work Home Other Cell Rental for weddings must be in the name of the bride and groom. Are you a member of The United Methodist Church? ___Yes ___No If yes, name of Church ****************** Date of Wedding Rehearsal______(include day, month, date, year) Start Time Clean Up Time End/Close Time Number of persons involved in planned activity/event What area(s) are needed? ___The Grounds/Parking Lot Sanctuary Classroom Fellowship Hall Library Kitchen Other needs (if any) ___Sound System ___Chairs ___Tables ___Other/Specify: __ NOTE: The use of the chrome (gray/silver) refrigerator and/or freezer is PROHIBITED. It is for the use of the Child **Development Center ONLY.** Date of Wedding (include day, month, date, year) Set Up Time _____ Start Time_____ Clean Up Time__ End/Close Time Number of persons involved in planned activity/event _____ What area(s) are needed? Sanctuary Classroom ___The Grounds/Parking Lot __Fellowship Hall Library Kitchen NOTE: The use of the chrome (gray/silver) refrigerator and/or freezer is PROHIBITED. It is for the use of the Child **Development Center ONLY.** Other needs (if any) ___Sound System ___Chairs ___Tables ___Other/Specify: ____

Will wedding reception be held at this location (the church) or off the site? Yes No

FEES:

*Member No rental fee

\$125.00 maintenance fee

Non-Member \$250.00

Rate is for a maximum of 6 hours the day of the wedding.

Reservation Fee Non-members will be assessed a \$25.00 non-refundable deposit for weddings only.

The deposit is included as part of the total fee which is due with the request form.

A non-refundable deposit of \$25.00 is to be included with request form. Request will be placed on the calendar when deposit is paid. The balance is due 2 weeks prior to date of event. If funds are not paid in full, the facility will not be available for use.

Fees for the musician need to be handled separately with the musician; outside musicians need to get prior approval before playing.

Fees for the AV Ministry need to be handled separately with the AV technician.

Signature (Bride or Groom)	
,	NOTE: This request will not be processed without proper signature

By submittal of this form, the signee accepts all conditions for us of the facility as listed on the attached "Facility Rental Information" document. This form must be submitted to the Church Office Monday thru Friday 10:00am to 2:00pm at least two (2) weeks prior to the date of the event. A \$25.00 non-refundable fee is due at the time of reservation request for an event. Please make check payable to St. Mark's United Methodist Church. There will be a \$35.00 service charge for Non-Sufficient Funds payable in cash or money order.

FACILITY RENTAL INFORMATION

(Effective 1994 ---- Amended July 1, 2017)

Clean Up

Each renter is responsible for leaving rented space(s) clean and free of trash. Additionally, all renters' equipment, not the property of St. Mark's United Methodist Church (SMUMC), must be removed the day of the event. SMUMC will not assume responsibility for any lost or stolen renter's property or equipment.

FOOD/BEVERAGE

Food and beverage are allowed in the kitchen and the fellowship hall. Food and beverages are not allowed in the sanctuary or the Church library. Alcoholic beverages are not permitted on the premises of SMUMC.

HOURS

Any setup of equipment, table, and chairs, before the time scheduled on the contract will be allowed only with prior approval of SMUMC. All persons must be out of the building by 10:00pm.

LIABILITY

The renter agrees to assume all responsibility for any illness or injury resulting from the event (including food poisoning) and for loss of property of any guest or other person at the event. Renter also assumes responsibility for damage or theft to the SMUMC facility, equipment and/or materials caused by anyone entering the premises as a result of said event and will reimburse SMUMC for such expenses.

SMOKING

This is a smoke-free facility. Smoking, vaporing, drugs, and weapons are not permitted on the premises of St. Marks United Methodist Church.

MAINTENANCE

SMUMC is not responsible for the moving, setting up, or taking down of any equipment brought in by or for the renter. SMUMC will not sign for deliveries of any kind; it is the responsibility of the renter to make arrangements to sign for any outside rental equipment.

FOR ADMINISTRATIVE USE ONLY

Cost:			
	Room Rental/Utilities Custodial Fees		
			- -
	_		_
Daymantta ha wa a			_
Payment to be recei	vea by		_
*****	*****	*****	*****
Decord of Trustees			
Board of Trustees:Approved			
Declined	Reason for decline (if nee	ded)	
Board Signature		Date	
*****	*****	*****	*****
Payment Received on		Cash	
Taymone Rossivou on		Oden Check # Money Order #	
		Money Order #	
Payment to be received by_			
*****	******	******	*****
Non-Sufficient Funds Charge	es (if occurs)		
Payment Received on		Cash	
		Money Order #	
Payment to be received by	(date)	