



Central United Methodist Church  
 5 West Marvin Avenue, Linwood, New Jersey 08221  
 Phone (609) 927-4882 Fax (609) 927-9708

**APPLICATION for USE OF FACILITIES**

We welcome you to our House of Worship!

Checklist of Required Documents (every line should be checked either attached or NA):

- Completed application form (4 pages)
- Initial all pages
- Sketch of Adams Hall set-up (attached). If not applicable, please indicate on sketch
- Proof of \$1,000,000 umbrella insurance policy, naming Central United Methodist Church as an additional insured\*  
*\*Not required for outreach programs, ministries, etc. covered under Central's Policy*
- Documentation of 501 (c)(3) status or  Not Applicable
- Review of Safe Sanctuary policy and signed statement

\_\_\_\_\_ **Applicant's Initials**

*For Church Use Only:*

	Initial / Date
Office: All required checklist items are attached. Concerns/Comments: _____	Approved: _____
Music Director: Concerns/Comments: _____	Approved: _____
_____	Approved: _____
Board of Trustees: Concerns: _____	Approved: _____
Pastor David Yun: Required Fees: _____	Approved: _____
Central Office: Letter Sent: _____ Fees Received: _____	



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Please complete all pages of this application, initialing each page. In addition to this application, all checklist items listed on page 1 must be submitted.

The submittal of this application shall not be considered approval or acceptance of the use of church facilities. The Board of Trustees meets monthly to review applications. As much advance notice as possible is appreciated; although we make every effort to respond in a timely manner. Your organization will receive a written letter with the church's decision regarding this application and any required facilities use fees.

NAME OF YOUR ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*(please provide a street address in addition to a mailing address if there is a difference)*

PRIMARY CONTACT PERSON: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

E-Mail \_\_\_\_\_

- Member or Affiliate of Central United Methodist Church
- Non-member and no affiliation with Central United Methodist Church

DATE(s) REQUESTED \_\_\_\_\_ TIME PERIOD OF USAGE \_\_\_\_\_  
*\*If you are requesting an ongoing/multiple date use of facilities, provide starting and ending dates on reverse.*

**SPACE REQUESTED** (Please check all that apply with the understanding that approval of this application will restrict your use only to the areas for which you have made an application.)

SANCTUARY: \_\_\_Piano \_\_\_Pipe Organ \_\_\_Microphone(s) \_\_\_Audio-visual system

*\* Please remember that we are welcoming you into our place of worship. Nothing within the Sanctuary may be moved without the prior written approval of our Facilities Coordinator.*

*Use of the piano and/or pipe organ must be approved by the Music Director. Usage of microphones other than the 'in-place Lectern/Pulpit' microphones require the employment of one of our church's sound technicians.*

- |   |   |
|---|---|
| <input type="checkbox"/> JOSLIN CHAPEL  | <input type="checkbox"/> ADAMS FELLOWSHIP HALL with NON-COOKING KITCHEN USE   |
| <input type="checkbox"/> SUNDAY SCHOOL CLASSROOM (second floor)               | <input type="checkbox"/> ADAMS FELLOWSHIP HALL with KITCHEN COOKING PRIVLEDGES*<br><i>*Available ONLY to Central outreach, ministries, etc. with Safe Food Handling Oversight</i> |
| <input type="checkbox"/> NEW BASEMENT (table layout sketch required)          |   |
| <input type="checkbox"/> NEW BASEMENT with KITCHEN                            |   |
| <input type="checkbox"/> ADAMS FELLOWSHIP HALL (table layout sketch required) | <input type="checkbox"/> OTHER _____  |



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PROPOSED EVENT/PROGRAM \_\_\_\_\_

If you are requesting the use of the New Basement Room, or Adams Fellowship Hall, please briefly describe your needs related to the placement of chairs and tables and complete the attached sketch:

If you have any other special arrangements that will involve our church staff, please explain:

REMARKS (If you are requesting space on an ongoing basis or for multiple dates please provide the proposed starting and ending dates plus an explanation.) \_\_\_\_\_

\*Will participants in your event be paying any fees to participate? \_\_\_\_\_

\*Will you be conducting any sales during your proposed event? \_\_\_\_\_

\*Will you be collecting a "free-will" offering of any kind? \_\_\_\_\_

Name(s) of person who will be present during event and cell number(s): \_\_\_\_\_

\*If yes, further explanation: \_\_\_\_\_

**SCHEDULE OF FACILITY USE FEES RELATED TO BUILDING USE and CUSTODIAL SERVICES**

*The following are standard facilities use fees for groups NOT affiliated with Central United Methodist Church. Fees for Church members shall be no more than 50% of the standard fees. The calculation of fees is ultimately at the discretion of the Senior Pastor. These fees may be waived or adjusted on a case-by-case basis, at the discretion of the Senior Pastor.*

*Additional discretionary expenses may include: room rearrangement cost, organist, audio-visual technician, etc.*

<b>ADAMS HALL</b> - \$300.00	CUSTODIAL COST - \$150.00
<b>SANCTUARY</b> - \$500.00	CUSTODIAL COST - \$75.00
<b>JOSLIN CHAPEL</b> - \$150.00	CUSTODIAL COST - \$30.00
<b>CLASSROOMS</b> - \$15.00/hour	CUSTODIAL COST - \$5.00
<b>NEW BASEMENT ROOM/AREA</b> - \$150.00	CUSTODIAL COST - \$30.00

*\*Fees for Church members hosting non-outreach or ministry events shall be no more than 50% of the standard fees.*



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I understand this application does not guarantee my organization will be provided the space and dates that are being requested. I accept the responsibility to share information about the church and its services with all who are participating in the above event. We will follow the church guidelines and regulations including, but not limited to, no use of alcoholic beverages, tobacco products, electronic cigarettes, etc. on church property. No church property will be moved or adjusted without prior written approval.

Unless the custodial fee has been paid in advance, we agree to complete all items on the custodian checklist, returning the church facilities as clean and orderly as it was found. All chairs and tables shall be returned to their original locations. I understand that we are limited to use only the space allocated to us in any agreement with the church. I will have all applicable staff read the church's 'Safe Sanctuary' policy. We accept the reality that the primary function of Central United Methodist Church is as a church and that church activities, programs and emergencies have a priority over all other uses of the building and property.

All who participate in this proposed event will be respectful of the church's worship practices and symbols in addition to not interfering with other programs that may be ongoing at the time of our event.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

# EVENT SET-UP FORM FOR ADAMS

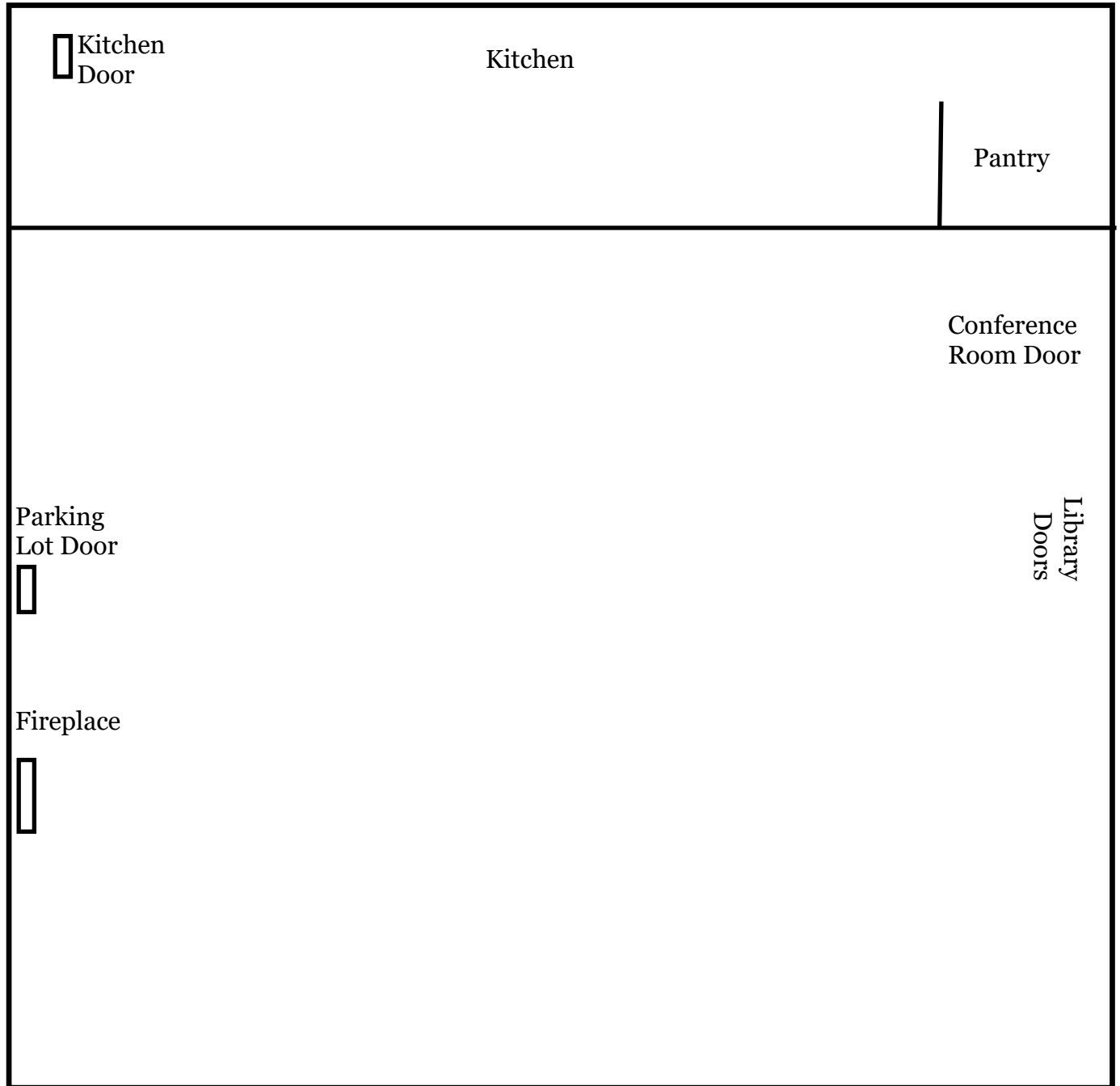
## HALL

*(PLEASE RETURN TO THE CHURCH OFFICE AT LEAST ONE WEEK PRIOR*

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Total Number of People Expected at the Event: \_\_\_\_\_

Event Contact Person/Phone for Event: \_\_\_\_\_



\_\_\_\_\_ Applicant's Initials