



Waller United Methodist Church

1206 Smith St.
Waller, Tx 77484
(936) 372-3907

Facility Usage Agreement

Organization: _____

Contact Person: _____

Address: _____

Phone: _____

Reservation

Type of Event: _____ **Number of People:** _____

Building:

Circle one	Celebration Center	Fellowship Hall	Sanctuary
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Dates:

Day of Week	One-Time	Weekly	Monthly	Annually	Other
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Time In: _____ **Time Out:** _____

Date Key Issued: _____ **Rec:** _____ **Ret:** _____ (initial)

NO SMOKING - NO ALCOHOLIC BEVERAGES
** Please See Building Usage Policy on back of form.*

Deposit returned if condition of building is left in condition to satisfaction of church and key returned.

Signature of Responsible Party: _____

Signature of Church: _____

Signature of Approval - Return of Deposit _____

Usage Fees (if applicable)		Initial
Damage/Key Deposit	\$200.00	
8 am to 10 pm	\$750.00	
4 hours	\$400.00	
2 hours	\$200.00	

Paid _____ **Ck:** _____ **Cash:** _____