

Date: ____/____/____

Member: ____Y ____N



**First United Methodist Church, Momence, IL
Memorial Building Use Policy & User Agreement**

1. **CONDUCT:** Those reserving the facility are responsible for the appropriate conduct of their guests. Usage of the space is limited to the upper Memorial Building hall and the restrooms on the main floor. The church sanctuary, chapel and basement are off-limits unless prior permission has been granted. There shall be **NO SMOKING IN THE BUILDING AND NO ALCOHOLIC BEVERAGES ARE ALLOWED ON THE PREMISES INSIDE OR OUTSIDE.** If alcohol or smoking is found on the premises during the event, the event will be immediately canceled and participants asked to leave.
2. **DECORATIONS:** All decorations shall be non-marring and removable. All decorations should be removed promptly and the church premises left in a satisfactory condition.
3. **KITCHEN USE:** The stove, oven, refrigerator, freezer, microwave oven, coffeepots, dishes and silverware are all available for use. All items used must be washed, dried and put away. All paper products (plates, cups, napkins) are to be supplied by the parties using the facility.
4. **CHURCH DAMAGE:** The undersigned is responsible for any careless, negligent or malicious damage to any church properties. The Trustees of the church are solely responsible for determining damage to church property.
5. **CDC GUIDELINES:** CDC guidelines are to be followed with regard to capacity limits. Maximum capacity is 160 when there are no restrictions.
6. **FINANCIAL OBLIGATIONS:** The Memorial Building use fee and deposit are due upon signing this contract.

Fees:	Member/Non-Profit	Non-Members
Memorial Building Use (incl. Kitchen)	No Fee Required	\$50.00 usage fee + *\$50.00 deposit
Funeral luncheon/Celebration of Life	No Fee Required	No Fee Required

*\$50.00 deposit will be returned following the event provided the guidelines attached to this agreement are followed.

I agree and will comply with the requirements of the First United Methodist Church of Momence, IL.

Signature _____ Phone # _____ Address _____
 _____ Check # _____ Amt Pd \$ _____

Key Given ____Y ____N

Key Returned ____Y ____N

FUMC Staff Initials _____