ENOLA EMMANUEL UNITED METHOIDIST CHURCH

22 Salt Road, Enola, PA 17025 Phone: 717-732-1713 Email: office@eeumc.org

Application for Use of Facilities

Facility Usage Requested by:

___ EEUMC Member or Active Constituent
___ EEUMC Organization
___ Non-Member
___ Community Organization (must provide Certificate of Insurance)

A. GENERAL INFORMATION

1. Person/Organization Requesting: _____
2. Address of Person/Organization: _____
   _____
3. Address of Person: _____
4. Cell Phone Number of Person: _____
5. Email Address of Person: _____

B. CHURCH FACILITIES REQUESTED

1. Room(s) Requested:
   ___ Fellowship Hall
   ___ Kitchen
   ___ Conference Room
   ___ Sanctuary

   (Contact church office if requesting other than above.)
2. Number of persons: _____
3. Date(s) Requested: _____
4. Time Start (including setup): _____
5. Time End (including cleanup): _____
6. Event/Function begins at: _____

C. MISCELLANEOUS INFORMATION

Please note any specific requests, such as equipment, staff, or service needed for program/activity.

_____

It is understood that the requesting person/organization named assumes full responsibility for any damages to equipment, furnishings, building, or grounds beyond that which can be designated as ordinary wear and tear. The renter also agrees to the provision of the insurance requirement. The Enola Emmanuel United Methodist Church's insurance requirement is that the renter (or anyone attending said function) will use their individual insurance coverage primarily and the church's secondary.

Smoking and alcoholic beverages are not permitted within the confines of the property of the Enola Emmanuel United Methodist Church.

Please be advised that Enola Emmanuel United Methodist Church complies with Pennsylvania law and operates under Safe Sanctuary Policy! Children under 18 years must be supervised by parents or authorized adults at all times. Presence of all participants is limited to the parts of the church reserved.

Please return completed application and fees to:
Enola Emmanuel United Methodist Church
22 Salt Road, Enola, PA 17025

THIS APPLICATION AND FEE MUST BE RETURNED TO THE CHURCH OFFICE IN ORDER TO RESERVE THE DATE SPECIFIED, AND NO LATER THAN AT LEAST TWENTY-ONE (21) WORKING DAYS PRIOR TO DATE REQUESTED. APPLICATIONS WITHOUT FEE WILL NOT BE PROCESSED.

___ **I have read and agree to the guidelines provided on the website and that are also available as a PDF.**

Signature: _____

Date: _____

SECTION BELOW IS FOR USE OF CHURCH PERSONNEL

Application Received: _____
Fee Received: _____
Estimated Facility Cost: _____
Other Costs: _____

Application Approved: _____
Application Denied: _____
Reason for Denial: _____