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**Wesley United Methodist Church**

**102 E. Laurel Street**

**Georgetown, DE 19947**

**Acuerdo del Uso del Edificio – (Building Use Agreement) – Usted tiene que tener 2 contactos con los números de teléfono. (YOU MUST HAVE 2 Contacts with Phone Numbers)**

**Grupo Representado (Group Represented): No miembro/Miembro/Grupo Patrocinado**

**(Non-member/Member/Sponsored Group)**

**Nombre del Contacto (Contact Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dirección (Address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teléfono del Día (Day Phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contacto Alternativo (Alternate Contact): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dirección (Address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teléfono del Día (Day Phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fecha Pedida (Date Requested): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**El depósito de seguridad tiene que estar pagado en momento de la petición para garantizar la fecha (Security Deposit must be made at time of request to hold the date)**

**Hora del Uso (incluyendo la preparación y la limpieza) (Time of Usage (including setup and clean up): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Propósito del Alquiler (Purpose of Rental): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Aula(s) para estar usada(s) (Room(s) to be Used): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Costo del Alquiler (incluyendo todas las aulas pedidas) (Rental Fee (including all rooms requested): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**El costo del alquiler tiene que estar pagado completamente 10 días antes de su evento (Rental Fee must be paid in full 10 days prior to your event)**

**COSTO DEL ALQUILER DEBIIDO (RENTAL FEE DUE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Firma del Contacto (Contact Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fecha (Date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Para estar llenado por la oficina de la iglesia**

**(To be completed by Church Office)**

**Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Room Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Kitchen Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Security Deposit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Pd: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rental Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Pd: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guidelines signed and returned: \_\_\_\_\_\_\_\_\_**

**Kitchen Cleanup signed and returned (if applicable): \_\_\_\_\_\_\_\_**

**Security Deposit Returned (Amount & Date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**