

Application for Use of the Foley United Methodist Church Facilities

Application Date _____

Please return completed forms to:

Foley United Methodist Church, 915 North Pine Street Foley, AL 36535, Office Phone 251-943-4393

Name of Group/Organization _____ 501(c) Yes No

Foley UMC Sponsor _____

Group Leader _____ . Foley UMC Member? Yes No
(The adult personally responsible must be with the group at ALL times when the facility is in use)

Phone Number _____ Email Address _____

Are any of your group members of Foley United Methodist Church? If so, please list their names:

(Additional names may be placed on the back of this application)

Please check all that apply:
Foley UMC Church Group? [] Other Methodist Group? []
Outside Service Group sponsored by Foley UMC? []
Independent Outside Group? []
Type of activity:
[] Social [] Civic [] Service [] Educational [] Charitable
Date of Event: _____
Expected Attendance: _____
Times: (from) _____ (to) _____
More than one (1) hour setup time needed
[] Yes [] No

Please briefly describe your activity:

Facilities Requested (make checks payable to Foley United Methodist Church)
Spirit Center: [] Great Hall [] Stage [] Room # _____ [] Kitchen
[] Sanctuary [] Other _____

Audio / visual equipment requested: (Trained Sound Board Operator Only.)
Podium with Microphone _____ # of Hand-held Microphones _____ # of Cabled Microphones _____
of Microphone Stands _____ Pull down Screen _____ and Projector _____ TV and CD Player _____

Room Arrangement:

Theater Style
Number of Chairs _____
Banquet Style
Number or Tables _____
Type of tables _____
Head Table [] Yes [] No
Number at table if Yes. _____

Special Room Arrangement

I have read the policies and provisions for the use of the Church buildings and facilities and agree that our group or organization will to abide by them.

Signature (Group Leader): _____ Date _____ Phone _____

For Office Use Only

Date of Deposit: _____ Date of Approval: _____ On Calendar? [] Yes [] No
Basis of Approval: _____
Approval By: _____ Approval By: _____
Total Amount Due _____ Date Final Payment Received: _____