



FALLSTON UNITED METHODIST CHURCH
1509 Fallston Road, Fallston, MD 21047
410-877-7255 / 410-879-1537 / Fax 410-877-0591
www.fallstonumc.org

APPLICATION FOR USE OF CHURCH FACILITIES

COMPLETE BOTH SIDES - PLEASE PRINT

Event _____

Contact _____

Phone _____ Email _____

Event Date _____ Mon Tue Wed Thu Fri Sat Sun

Expected Number of People in Attendance _____

Group Represented _____

Hours of Event: From _____ ☐ AM ☐ PM To _____ ☐ AM ☐ PM

Hours of Set-Up: From _____ ☐ AM ☐ PM To _____ ☐ AM ☐ PM

I/we have read, understand, and agree to follow the rules governing the use of Church facilities.

I/we understand the Church is lending the use of its facilities at no profit and, therefore, cannot guarantee the condition of the facilities nor the equipment associated with it. I/we take full responsibility and liability for any claims, losses, or damages that take place while I/we are using the facilities, whatever the cause, and will in no way hold the Church responsible.

Church's Inclement Weather Policy (adopted by Church Council): Weekdays, if schools are cancelled or close early, all meetings/activities at the Church are cancelled. The Church office will be open, if possible. In accordance with insurance regulations, evening and weekend activities will be held at the discretion of the Pastor. Please call the Church office for information. If this policy cancels your event, any deposit paid will be returned.

In signing below, I certify that I have the authority to sign for the User and that I commit the User to everything agreed upon in this application.

Signature/Title _____ Date _____

Mailing Address _____

Location(s) of Event (include all the areas that will be utilized)

- | | | |
|---|--|--|
| ☐ Providence Hall | ☐ Friendship Center | ☐ Sanctuary |
| ☐ Classroom | ☐ Kitchen | ☐ Welcome Center |
| ☐ Parlor | ☐ Pavilion | ☐ Conference Room |
| ☐ Outdoor Worship Area/Firepit | | |



-Fallston United Methodist Church Facility Use Policy-

Event Type*

- | | |
|--|--|
| ☐ Meeting/Program | ☐ Luncheon/Dinner |
| ☐ Sports Event | ☐ Recital |
| ☐ Other _____ | |

*If event includes food, please indicate:

- | | | |
|---|---------------------------------------|--|
| ☐ On-Site Food Preparation | ☐ Covered Dish | ☐ Refreshments Only |
| ☐ Catered by _____ Phone _____ | | |

- ☐ I/We would like to store food in FUMC kitchen fridge or freezer.
- ☐ I/We would like to use the FUMC kitchen in one or more of these areas: utensils, dishware, cookware, ovens, stoves, or dishwashing area.

DEPOSIT PAYABLE WITH APPLICATION

(Make check payable to Fallston United Methodist Church)

- | | |
|--|--|
| ☐ _____ Facility Deposit | ☐ _____ Coordinator Fee |
| ☐ _____ Expense Reimbursement | ☐ _____ Janitorial Fee |
| ☐ _____ Kitchen Deposit | |

Total due: \$ _____

Mail Application to:

Fallston United Methodist Church
Attn: Alison DeVack
1509 Fallston Road
Fallston, MD 21047

Email Application to:

alison.devack@fallstonumc.org

Call the Church office if you have any questions.

After hours you may call or text Jamie Bobo, Trustee, 443-470-2060

FUMC USE ONLY

- | | |
|---|-------------------------------------|
| ☐ Approved by Building Use Coordinator | ☐ Denied Use |
| Date Application Received: _____ | |
| Date Deposit Received: _____ Amount Received: _____ | |