![methodist-logo[1]]()**Tom’s Creek United Methodist Church**

Reservation Form for Members

Usage of Church Facilities

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell or Home Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date(s) Requested for Use:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Times Requested for Use:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Reserving Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Space(s) Reserved:**  (check all that apply)

 Promised Land $50 **\***

**Official Use Only**

Initial Contact Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Paid/Waived: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check all that apply:**

 Approved by Pastor or Trustee \_\_\_

 Reserved on Church Calendar \_\_\_

Custodian Contacted \_\_\_

Organist Contacted \_\_\_

Sound Tech Contacted \_\_\_

Opener/Closer Contacted \_\_\_

**Signature of Approval:**

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 Sanctuary (custodial services required) $100 **\***

Multipurpose Room and Kitchen $100 **\***

**\*\* Fees:** (check all that apply)

Pastoral Services Honorarium ($300-non-member)

 Custodial Services $50

 Sound Technician $50

 Organist Honorarium ($100-non-member)

**\***  **Please see Pastor Heath or contact him by phone (410-758-7707) to discuss a waiver if you feel this fee is a hardship. Please have Pastor Heath initial this form if a waiver is granted.**

\*\* These fees are to be paid in **CASH** prior to function.

**To be signed by responsible party:**

I have read and understand the Guidelines for Church Use and agree to the requirements stated therein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature) (date)

 **OFFICE NOTES:**