

Facility Use Form

First United Methodist Church of Lebanon TN, Inc.

415 W. Main St., Lebanon TN 37087 | 615-444-3315 | lebanonfumc.com

This form must be signed and approved for your event to appear on the church calendar. Priority for use of facilities will be given to Lebanon FUMC groups. Lebanon FUMC groups using rooms on a regular basis may complete one form to keep on file. No alcohol or controlled substances are allowed on church grounds. All church buildings are smoke-free and vaping-free. ***Kitchen use requires completion of a separate Kitchen Use Requirements form.**

Name of Event: _____ **Date(s):** _____

Group _____ (only non-profits) **Number of people** _____

Times Needed (allow for setup and tear-down) _____

Presence on site related to facility use on Sundays is limited to 1:00 PM and after ONLY. No exceptions.

Contact person: _____ **Mobile Phone#** _____

Area(s) to be used: (additional fees may apply, depending on event)

Fellowship Hall ___ Sanctuary ___ Chapel ___ Parlor ___ Library ___ JOY Room ___
Gym ___ FLC Lobby (NOT behind desk) ___ Craft Room ___ FLC Café ___ Thackston Room ___
Kitchen (which one) _____ Spain House ___ Pavilion ___

Items you will be using: (We are not responsible for setup.)

Long tables _____ Round tables _____ # chairs _____ Sound/TV _____

Facility keys: User is responsible for coming in during office hours to pick up a loaner key for the event.

Fees/deposit: Use of all Lebanon FUMC facilities will require a \$50 deposit in the form of a check (wedding fees may differ). Once the event is over and the staff has confirmed that the Covenant items (below) have been completed IN FULL, this check will be returned to you or shredded on site, as you prefer.

Covenant

I acknowledge this facility is to be given utmost care and respect. I will leave all equipment and facilities in as good or better condition than found. After the event, I agree to:

1. Dispose of all trash and recyclables in dumpster/bins near West doors (including from the Pavilion)
2. Clean all table surfaces, counters, and floors
3. Return all church-owned supplies/equipment to their proper storage places
4. Return all chairs and tables to their storage areas and/or original positions
5. Remove ALL decorations and non-church items from the facility (staff will dispose of items left 5 days after the last day of the event)
6. Comply with the Kitchen Use Requirements form list in full, if applicable
7. Return the facility key to the office

I will be the accountable person for this event. I have read the covenant and will comply.

Signature _____ **Date** _____

Approved by: _____ (Staff) **Date** _____

Calendar cleared: _____ **Date** _____ **Fee Paid \$** _____ **Date** _____

Notes: _____