

VERBENA UNITED METHODIST CHURCH

Facility Usage Agreement

Adopted by the Church Council, October 6th, 2013

1. **Church members** will not be charged for the use of the church facilities, but must notify the Trustees or the Pastor. Prior scheduling is necessary to avoid schedule conflicts. All facilities are to be cleaned and in proper order after use (See checklist below). Failure to do so may result in a denial of future use. Church members are not required to have this agreement notarized.

2. **Non-members** seeking the use of the church facilities will incur a \$700.00 fee of which \$200.00 may be refunded as a cleaning and damage deposit. This fee must be paid in advance. The deposit will be refunded upon approval by either a member of the Board of Trustees or the Pastor that the facilities and equipment are clean and in good order after use (See checklist below). Failure to do so will result in the forfeit of cleaning and damage deposit, and, if the cost of cleaning and damage exceeds the deposit, further charges will be billed to the responsible party. Any event hosted by a non-member must have an event coordinator either appointed by the Board of Trustees or Pastor. Non-members must have this form notarized.

3. **Photography and Videography** are permitted in both the sanctuary and fellowship hall. However, in the sanctuary no equipment is permitted around the altar or in front of the pews as to obstruct the congregation's participation. However, use of the choir loft is permissible.

4. **Sacredness of the Sanctuary** is required for all events. All activities within the sanctuary require the pre-approval of the pastor-in-charge for the moving of any furniture, use of decorations, and details of worship services and rituals. Any guest clergy must coordinate with the pastor-in-charge. The putting of any holes in the plaster walls, woodwork, or any furniture, which includes the pulpit, altar-table, pews, and altar-rail, is not permitted. Candles are only permitted in the space around the altar and choir loft, but they must be dripless candles.

5. **Check list** for cleaning the facilities after each use:

- All flowers, decorations, leftover food, trash, garbage, etc., will be removed from the premises the day of the event.
- Carpets will be vacuumed and floors swept and damp mopped. Any candle-wax must be cleaned.
- Chairs and tables will be returned to their proper places.
- Dishes should be washed and dried and returned to their proper place.
- Coffee pots will be emptied and washed.
- All bathrooms will be checked for cleanliness.
- All windows and doors will be closed and locked.
- All Utilities (heat, A/C, lighting and water taps) will be returned to their proper settings.

6. **Alcohol** will not be permitted on church property for any purpose.

7. **The Facility Usage Agreement** must be signed and notarized for the church records and fee received before any agreement is final.

VERBENA UNITED METHODIST CHURCH
Facility Usage Request Form

For Internal Use
Date Payment Received
____/____/____
Date Deposit Returned
____/____/____

An agreement between the Board of Trustees of the Verbena United Methodist Church and

(Name of person or group requesting the use of facilities)

who is a (please check one): member non-member of Verbena United Methodist Church

for the use of the (please check one or both): Sanctuary Fellowship Hall

for the following times and dates (be mindful of setup and cleanup times):

beginning time ____ : ____ am / pm on the date of ____/____/____

ending time ____ : ____ am / pm on the date of ____/____/____

for the purpose of : _____.

Please check to affirm the statements below:

___ I/We have read the "Facility Usage Agreement" and agree to its terms.

___ I/We accept responsibility for any damage from the use of the facilities.

___ I/We absolve Verbena United Methodist Church of any liability for damage or injury to persons attending this event or their personal property during the period of use.

_____ (____) _____
Full Printed Name Telephone Number

_____ *Address City State Zip Code*

I hereby certify that the information provided on this form is true and accurate.

Printed Name _____

Signature _____

Subscribed and Sworn this _____ day of _____, 20 _____

Notary Public Printed Name _____

Notary Public Signature _____

Notary Public, State of _____, My Commission Expires _____