

APPLICATION FOR USE OF TRINITY UNITED METHODIST CHURCH

Check all appropriate areas for which permission to use is requested.

Sanctuary Creation Room Mt. Olivet Room
Fellowship Hall Kitchen St. Johns Room

Applicants must complete the following and submit this application to the Trinity United Methodist Church office, 415 Bridge Street, New Cumberland, PA 17070 or fax to: 717-712-1200.

Requesting Party

If the Requesting Party is an individual:

Name:
Address: Zip Code:

Daytime Phone: Home Phone:

Fax No: Email Address:

Are you a member of Trinity United Methodist Church? Yes No

Will this person be the responsible adult in charge [Approval by Trinity Church required]? Yes No

If not, who will be the responsible adult in charge (Approval by Trinity Church required)?
Name:

If the Requesting Party is an organization:

Name:
Address: Zip Code:

Legal description of the organization: (Circle one: Non-profit corporation, unincorporated association or Other:)

Is your organization officially sponsored by Trinity United Methodist Church? Yes No

Does your organization have liability insurance? Yes No

If yes, who is your organization's insurance carrier?

If no, please be advised that your organization may be required to obtain liability insurance for the event.

Name of contact person:

Address of contact person:

Daytime phone: Home Phone: Fax No.:

Email address:

Will this person be the responsible adult in charge [Approval by Trinity Church required]? Yes No

If no, who will be the responsible adult in charge [Approval by Trinity Church required]?

Event

Description of planned event or activity:

_____ hereinafter called (the "Event")

Date(s) requested for the event: _____

Arrival Time: _____ Departure Time: _____

(Not to exceed 10:00 p.m. unless approved.)

[Note: Please include set-up time, clean-up time and all time that the facility is not fully available for other uses].

Anticipated number of persons who will attend the event: _____

Will the event be open to the general public? Yes _____ No _____

Permission to Serve Food and/or Beverages (non-alcoholic)

We request permission to serve the following food or beverage at the event: _____

We request permission to use: Kitchen _____ Fellowship Hall _____

We agree to pay the applicable Kitchen Fee: Yes _____ No _____

Please circle the church's major appliances that you would like to use:
refrigerator freezer oven stove dishwasher

We would like to use the church's cookware, dinnerware and silverware: Yes _____ No _____

We will be cooking a meal in the kitchen. Yes _____ No _____

We will be bringing in food prepared at another location and serving it from the kitchen: Yes _____ No _____

We will be using a caterer. Yes _____ No _____ If yes, who is it? _____

We have read and understand the Fellowship Hall and Kitchen Use Policy and agree to comply with it.

Yes _____ No _____

Request for Services

We request the following services and agree to pay for them at the fees listed on the Schedule of Additional Fees:

Set Up and Tear Down of Chairs and Tables Yes _____ No _____
Kitchen Help Yes _____ No _____ How many? ____
Custodial Clean-up Yes _____ No _____

If the Church decides to assign a Church representative as a responsible person for the event, we also agree to pay that fee as well. Yes _____ No _____

Request for Equipment and Furniture

We request permission to bring the following equipment [*List all equipment, furnishings, furniture, or lighting*]

We request the use of the following Trinity Church equipment and furniture for the event
(Please indicate number requested.)

____Lectern ____Projection Screen ____Microphones ____Sound System
____Stage Lights ____Lectern with Microphone ____Warming Trays

Arrangements for the use of the sound system and stage lights must be made with the church and a person will be assigned by the church to operate these items upon payment of an established charge.

If items are lost or broken, please notify the church office.

We request the use of chairs and tables. Yes ____ No ____

How many? _____ _____ rectangle tables _____ chairs

Conditions and Acknowledgments

This Agreement entered into this _____ day of _____ (month) of the year _____ by and between Trinity United Methodist Church of New Cumberland (“TUMC”) and _____ (“User”) (address) _____

WHEREAS, UMC is the owner of a building located at 415 Bridge Street

WHEREAS, User desires to use such facilities on the terms and conditions set forth.

NOW, THEREFORE, in consideration of the mutual promises contained herein and other good valuable consideration the parties hereto agree as follows:

1. TUMC shall make available to User (description of facilities):

_____ from _____ to _____ (hours) on _____ (date)

2. User has received a copy of the General Building and Grounds Policies & Procedures of TUMC (“the Policy”). The policy is incorporated by reference into this application as if fully set forth herein. User has read and understands the policy. User agrees to fully abide by and comply with every provision of the policy, with no exceptions. User understands that this application, when signed by User will become a binding legal agreement between User and TUMC.

3. User has received a copy of the Safe Sanctuaries Policy of TUMC. User has read and understands the policy. User understands that if children are present they must be supervised by their parent(s) at all times.

4. User agrees to indemnify and hold TUMC harmless from any and all liability including attorney’s fees arising out of User’s use of the above premises or the building of which the facilities are a part or the parking facilities on or adjacent thereto (hereinafter “the facilities”).

5. User understands that the responsibility to obtain liability and property insurance is upon the User. It is not the duty or responsibility of TUMC to insure the User’s use of the facilities. It is recommended that the User obtains its own liability and property coverage for its use of the facilities.

6. User agrees to abide by and obey all laws, ordinances, and regulations promulgated by any government unit having jurisdiction in TUMC’s locale; User will not engage in any activities in violation of such laws, ordinances, rules and regulations.

7. User understands that, under the policy, TUMC may cancel, suspend or terminate the event.

8. TUMC, and its representatives, shall have free access to the area during the event for the purpose of supervision and inspection.

9. User agrees to pay a 50% up front deposit of fees, determined and calculated by TUMC for the use of Church facilities as shown on the following page at the completion of the application. The balance of all rental fees must be made at least two weeks prior to the date indicated on the application. Failure to make payment on the balance of the rental fee; will be cause for cancellation and termination of the application agreement and removal from the church calendar. If the application is denied, the deposit will be refunded.

IN WITNESS THEREOF, the undersigned parties have executed the Agreement as of the day and year first above written.

Signed:

TUMC Representative

Print Name
Trinity United Methodist Church
415 Bridge Street, New Cumberland
(717)774-7146

User Representative

Print Name

User Organization Name (if applicable)

Address

Telephone

(Applicants shall be notified promptly by the church of the approval/disapproval of their request. A copy of this completed application shall be provided to the applicant after the church makes its approval/disapproval decisions and signs the form.)

FOR CHURCH USE ONLY

Date received in church office: _____

Person designated by church as the responsible person: _____

Permission to use the area for the event for the date and hours given above is approved/disapproved.

Permission is serve food/beverages is approved/disapproved.

The church has reserved the following equipment and furniture for your organization for the event:

____ Lectern ____ Projection Screen ____ Microphones* ____ Sound system*
____ Stage Lights ____ Lectern w/microphone ____ Warming Trays

The church will make arrangements for the following requested services to be provided at the amounts indicated:

Set Up and Tear Down of Chairs and Tables	Yes ___	No ___	Amount \$ _____
Sound System and Light System Operator	Yes ___	No ___	Amount \$ _____
Kitchen Fee	Yes ___	No ___	Amount \$ _____
Kitchen Help	Yes ___	No ___	Amount \$ _____
Custodial Clean-up	Yes ___	No ___	Amount \$ _____
Responsible Person Fee	Yes ___	No ___	Amount \$ _____

The total amount must be paid at least **two weeks prior to the event.**

Trinity United Methodist Church Representatives:

_____ Signature	_____ Signature	_____ Signature
_____ Print Name	_____ Print Name	_____ Print Name
_____ Title	_____ Title	_____ Title
_____ Date	_____ Date	_____ Date