Application No._____ Date_____

ST. MATTHEW'S UNITED METHODIST CHURCH OF LIVONIA
30900 WEST SIX MILE ROAD
LIVONIA, MICHIGAN 48152

A COMMUNITY SERVICE APPLICATION FOR USE OF BUILDING

I wish to apply for the use of Room(s)_____

and/or Fellowship Hall_____ and facilities as follows:

Month_____ Day_____ Year_____ TIME FROM _____ A.M. TO _____A.M.
_____ P.M. TO _____P.M.

See attached copy of Building Use Policy (Rev. 1997), including charges for use of the church building, facilities and services.

WE AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS OF THE BOARD OF TRUSTEES GOVERNING THE USE OF SAID BUILDING AND ITS FACILITIES.

WE FURTHER AGREE TO PLACE SAID BUILDING AND ITS FACILITIES IN THE SAME CONDITION AS WE FOUND THEM, AND WILL COMPENSATE THE CHURCH FOR ANY DAMAGE BEYOND ORDINARY USAGE.

_____
_____
Organization Signature

_____
Title

_____ _____
(Street Address) (Telephone No.)

_____
(City) (Zip)

NOTE: THE BOARD OF TRUSTEES RESERVES THE RIGHT TO REJECT ANY REQUEST FOR THE USE OF CHURCH PROPERTIES OR EQUIPMENT WHICH IN THEIR JUDGEMENT CONFLICTS WITH THE DISCIPLINE OF THE UNITED METHODIST CHURCH (PAR 1536 OF THE DISCIPLINE), OR MAY APPEAR NOT BE IN THE BEST INTERESTS OF THE CHURCH AND THE COMMUNITY.

_____
Type of Activity

_____
Purpose of Activity

_____
Name of Speaker(s)

_____
Speaker's Organization

Admission Charge/Donation_____

Will anything be offered for sale?_____

How will proceeds be used?_____

Number of people expected to be involved in this activity_____

Classification of organization: Profit_____ Non-Profit _____

(Location) (Signature)

Key(s) Key No.___ To_____ _____

Required: Key No.___ To_____ _____

Security Deposit: No_____ Yes_____ Amount $_____

* *

SELECT REQUESTED ROOMS, FACILITIES, SERVICES AND/OR SUPERVISION:

_____ WEDDING _____
_____ FELLOWSHIP HALL _____
_____ TABLES (16 round, seat 8; 12 rectangular, seat 10) _____
_____ SANCTUARY (NOT INCLUDING ORGAN) _____
_____ YOUTH ROOM (#107-108) _____
_____ SUNDAY SCHOOL ROOMS (#_____, _____, _____) _____
_____ LARGE CONFERENCE ROOM (#109-110) _____
_____ KITCHEN _____
_____ KITCHEN SUPERVISION _____
_____ JANITORIAL SERVICES (After normal working hours) _____
_____ USE OF CHURCH GRAND PIANO _____
_____ USE OF SECOND PIANO OR KEYBOARD _____
_____ USE OF CHURCH ORGAN _____
_____ SERVICES OF ORGANIST _____
_____ USE OF TV/VCR _____
_____ OTHER _____

ADDITIONAL KITCHEN EQUIPMENT: _____
_____ DISHWASHER _____ Req'd _____
_____ COFFEE POT _____ Req'd _____
_____ DINNERWARE/PERSON SETTING _____ Req'd _____
_____ KITCHEN WHEELED SERVICE CART _____ Req'd _____
_____ OTHER _____ Req'd _____