

FACILITIES USE REQUEST FORM

Applicant person or group name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Representative's name: \_\_\_\_\_ Title: \_\_\_\_\_

Tel. #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email address: \_\_\_\_\_

CFUMC space(s) requested: \_\_\_\_\_ Date requested: \_\_\_\_\_

Intended use:  
\_\_\_\_\_  
\_\_\_\_\_

Time requested – From: \_\_\_\_\_ To: \_\_\_\_\_ Expected number of attendees: \_\_\_\_\_

Donation details:

Space: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Space: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Space: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Space: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Space: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Total donation amount: \$ \_\_\_\_\_

Initial payment amount: \$ \_\_\_\_\_ Due Date: \_\_\_\_\_

\*Liability insurance carrier: \_\_\_\_\_ Agent: \_\_\_\_\_ Tel.#: \_\_\_\_\_

\*Not required by CFUMC Member or Organization

Please review the information contained in the Facilities Usage Guidelines attached. If you have questions, please contact the Administrative Assistant.

Submitting a signed application indicates your understanding and intention to comply with the policies established for the use of the facilities at Charlottesville First United Methodist Church (CFUMC) but does not guarantee that your request will be granted by the Trustees. All requests for use of the facilities are reviewed by CFUMC.

Exterior Doors are to be attended by a person or locked before, during and after the event or use. Unlocked or propped open doors are not permitted for events unless a professional security guard is on duty. A person at each door is still required. The security guard or firm must be approved by CFUMC.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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