

Wilson United Methodist Church
Building Use Request Form for Non-Wilson UMC Activities
6460 Flying W Ranch Road, C/S, CO 80919 · (719) 598-0407 · wilson@wilsonumc.org

Contact Person: _____ Organization (if applicable): _____

Day Phone: _____ Alternate Phone: _____

Address: _____ Email Address: _____

Day(s) & Date(s) Requested: _____ Time: From: _____ To: _____

Type of Request: One time _____ Ongoing : _____

Description of Event: _____

Estimated Number of Adults: _____ Estimated Number of Children: _____

Specific Room(s) requested OR description of space needed: _____

Please initial:

- _____ I understand that my Building Use Request is not finalized until it has been approved by the Wilson UMC Board of Trustees.
- _____ I am applying for a Building Use waiver (explanation on reverse side)
(Waivers are granted by the Wilson UMC Trustees based on type of event, non-profit status, fulfillment of a Church mission or Wilson UMC membership.)
- _____ I will pay the \$_____ building rental fee within one week of approval (see reverse side for rates)
- _____ I will pay the \$100 Cleaning / Damage Deposit within one week of approval.
- _____ I understand that my Cleaning / Damage Deposit may be forfeited, if the building is not left as it was found and/or damage is done.
- _____ I agree to the clean up check list on the reverse side of this form
- _____ ***I understand that the use of alcoholic beverages or tobacco products are not allowed anywhere on church property, in any building, or the parking lot.***

I, _____, do hereby agree to the above conditions. The terms of this agreement begin on the _____ day of _____, 20____, and terminate on the _____ day of _____, 20___. At completion of specified building usage period, renewal of agreement will be reevaluated.

Signature of Responsible Party: _____ Date: _____

OFFICE USE ONLY:

Date Request Submitted to Trustees: _____

Request: APPROVED DENIED Fee Waiver Granted (if applicable): YES NO N/A

Trustee Signature: _____ Date: _____

Trustee POC for opening / closing: _____ Phone: _____

Comments: _____

_____ Fees Paid Date: _____

_____ Building left in order and Cleaning / Damage Deposit refunded Date: _____

Wilson United Methodist Church · Building Use Request Form Page 2

Contact Person: _____ **Organization (if applicable):** _____
Date Requested: _____

Building Usage Fees:

Room	Maximum Occupancy	Fee	Amount
_____ Sanctuary	175	\$125	\$ _____
_____ Taos Room	100	\$100	\$ _____
_____ Room #10	74	\$ 35	\$ _____
_____ Other Rooms: _____	10-20	\$ 25 each	\$ _____
_____ Nursery - child care provider is NOT included		\$ 30	\$ _____
_____ Kitchen - includes cooking, use of dishes and dishwasher		\$ 30	\$ _____
REFER TO KITCHEN USE POLICY POSTED IN KITCHEN			
_____ Cleaning/Damage Deposit - Refundable if the building is left clean and undamaged; and set-up as user found it (This fee may also apply to waiver requests.)		\$100	\$ _____
			TOTAL \$ _____

Check list to use after your use of the facilities:

- _____ Return rooms as you found them, including chairs and tables.
- _____ Clean bathrooms if necessary.
- _____ Clean trash from rooms and tables. *(The vacuum cleaner, trash bags and cleaning supplies are located in the janitorial closet which is room #9)*
- _____ Turn down heat (if you are the last group to leave the building).
Thermostats are in: 1. Office; 2. Room #6; 3. Taos Room; 4. Sanctuary
- _____ Turn off the lights (if you are the last group to leave the building).
Hallway lights in the Taos Room stay on.
- _____ Lock and check all doors (if you are the last group to leave the building).

Use of alcoholic beverages or tobacco products of any kind are not allowed anywhere on church property, in any building, or the parking lot.

_____ *I am applying for a waiver of fees* _____ *I am a member of Wilson UMC*

Explanation: _____

OFFICE USE ONLY:
 Fee Waiver Granted: YES NO Cleaning Deposit Waiver Granted: YES NO
 Trustee Signature: _____ Date: _____
 Comments: _____