

ST. ANDREW'S UNITED METHODIST CHURCH FACILITY USE APPLICATION

FACILITY USER INFORMATION							
Name of Organization:		•					
Individual Making Request:	Daytime Phone:						
Address:			City:			Zip:	
Email Address:							
Church Member?	□ No	Church Me	mber Spor	isor:			
Is there a SAUMC member in your	☐ Yes	□ No	Name of Ch	urch Member:			
Are you a non-profit organization?	☐ Yes	☐ No					
EVENT DETAILS							
Purpose for which the facilities will	be used:						
Number of people using facilities:							
Is this event open to the public?	☐ Yes	□ No	Is this event a fundraiser? ☐ Yes ☐ No				
Will there be a fee collected?	☐ Yes	☐ No	Amount?		Purpose:		
One time event?	☐ Yes	☐ No	If No, at v	hat regularity	will you meet?		
FACILITY NEEDS REQUESTED							
Date(s):		•					
Day of the Week:			Time:				
Check Room(s) Requested:							
Sanctuary:	Multi-Purpo	se Room:			Kitchen:		
Choir Room:	Christianity	101 Class:			Glenn Class:		
Agape Class:	Pittman Cla	ass:			Nursery:		
Other (If yes, please specify, include	ding outside u	ıse):	Yes [No			
Do you wish to move any furniture	?	☐ Yes	☐ No				
Do you need any extra furnishings	setup?	☐ Yes	□ No				
Will you need to use any kitchen e	quipment?	☐ Yes	□ No	Specify:			
Do you wish to use the piano or org	gan?	☐ Yes	☐ No				
Do you have a church key?		☐ Yes	□ No	If no, will	you need a key?	☐ Yes	□ No
Signature of Facility User Applicant:					Donation Amt:		
FOR CHURCH USE ONLY							
Date Application Received:			APPLICATION #				
Liability Insurance Required?	☐ Yes	□ No	Non-Profit Statement Required?			☐ Yes	□ No
Donation Received?	☐ Yes	□ No	\$25 Key Deposit Received?			☐ Yes	☐ No

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