



***Calvary United Methodist Church 2315 S. Grant St. Arlington, VA***

### **Facility Use Agreement Form**

Please note: This form is not a valid agreement until signed by Senior Pastor. A copy of this form will be provided to you by email if facility use approval is granted.

Calvary UMC requires all groups to sign and abide by our *Policy for Use of Church Facilities* and *Safe Sanctuary-Child Abuse Policy* (attached). We may also require groups to provide a Certificate of Insurance.

- ☐ I have read, agree to, and signed the form for the guidelines in the "Policy for Use of Church Facilities."
- ☐ I have read, agree to, and signed the form for the guidelines for "Safe Sanctuaries-Child Abuse Policy."
- ☐ I understand that I am responsible for a facility use donation of \$\_\_\_\_\_ to cover clean up and operational costs for the event.

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**Event Information\*\***

Date of First Event: _____	<b>Space(s) Requested: (check ALL that apply)</b> <input type="checkbox"/> Sanctuary <input type="checkbox"/> Memorial Hall (under the sanctuary) <input type="checkbox"/> Harris Hall (room with stage) <input type="checkbox"/> Linn Library (across from office) <input type="checkbox"/> Classroom 1 (2 <sup>nd</sup> floor on left) <input type="checkbox"/> Classroom 2 (2 <sup>nd</sup> floor straight back) <input type="checkbox"/> Classroom 3 (2 <sup>nd</sup> floor on right) <input type="checkbox"/> Kitchen <input type="checkbox"/> Parking Lot <input type="checkbox"/> *Skidmore Basement <input type="checkbox"/> Other _____
Day of Week: _____	
Dates/Times of Event(s): _____	
Frequency: _____	
Event Start Time: _____ Event End Time: _____	
Set-up Time: _____ Completion Time: _____	
Number of Participants: _____	
Will you be charging a fee? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
If "yes": \$ _____ per _____	*Use of space in Skidmore (the Preschool building) may require approval of the Calvary Preschool Director.  **Church activities may occur that might impact a previously scheduled meeting / event. You will be contacted as soon as possible if this occurs.
Event Description / Purpose: _____	

Fees for use of the facility will be determined by Sr. Pastor and/or Trustees. Fees may be adjusted for long-term groups / events, and are due prior to the first meeting.

Individuals or Groups requesting recurring use of facility will need to update form annually.

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**Point of Contact Information** PLEASE PRINT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*Please provide a copy of valid ID.

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**Alternate Point of Contact Information** PLEASE PRINT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide a copy of valid ID.

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**ORGANIZATION INFORMATION** PLEASE PRINT

Organization Name: \_\_\_\_\_  
Organization Description: \_\_\_\_\_

Insurer: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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**(please do not write below line – church use only)**

**Administrator**

Date Received: \_\_\_\_\_ Space Available: Yes ☐/No ☐ Added to Church Calendar Yes ☐/No ☐

Comments: \_\_\_\_\_

**Pastor**

Pastor Approval: Yes ☐/No ☐ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

Door Code Assigned: \_\_\_\_\_

Payments to be received prior to meeting:

Amount

Deposit \_\_\_\_\_

Usage Fee \_\_\_\_\_

Custodial Fee \_\_\_\_\_