

**BUILDING USE REQUEST FORM
PAVILION UNITED METHODIST CHURCH**

NAME OF ORGANIZATION: _____

CONTACT NAME: _____

CONTACT PHONE NUMBER: _____

CONTACT EMAIL: _____

DATE(S) REQUESTED: _____

BRIEF DESCRIPTION OF EVENT: _____

NUMBER OF PEOPLE ATTENDING: _____

ROOM(S) REQUESTED (IF YOU KNOW) _____

DO YOU NEED FACILITY TO BE UNLOCKED: YES NO

PLEASE LEAVE THE BUILDING AS YOU FOUND IT. GROUPS ARE RESPONSIBLE FOR CLEANING UP AFTERWARD, INCLUDING TAKING GARBAGE WITH YOU AND VACUUMING IF NECESSARY. A CLEANING/GARBAGE FEE MAY BE CHARGED IF FACILITY IS NOT LEFT AS IT IS FOUND.

SIGNATURE: _____

DATE: _____