



Dove of the Desert United Methodist Church Request for Facilities Use

___ Member of Dove

___ Non Member of Dove

Name of Organization or Individual: _____

Name/Position of contact (if Organization): _____

Address: _____

Phone: _____ office, _____ home/mobile

Email: _____

Please answer all applicable questions

Organization Information:

1. What is your organization's purpose _____

2. Who Comprises your organization's membership (e.g. youth at risk 13-18,)

3. Is it a Charity? Yes ___ No ___.

4. Is your Organization recognized for tax exemption under Section 501(c)(3) of the Internal Revenue Code?
Yes ___ No ___. If so, please attach a copy of the certificate.

5. Does your Organization have Comprehensive General Liability Insurance? Yes ___ No ___

If Yes in 5, please provide a Certificate of Insurance showing the limits of coverage.

If No in 5, please sign a "Waiver of Liability" form found on the Dove of the Desert website.

Event/ Meeting Information:

6. Where have you met before? _____

7. What is the purpose of the meeting or event you wish to hold at Dove?

8. Who will attend the meeting or event? (e.g., Organization members, public, friends, family)

9. Are any members of Dove participating in the event, or meeting? Yes ___ No ___ How many? _____

Names of two: _____

10. How many people do you expect to attend? _____

10. Do you charge any type of a fee to attendees? ___ Yes ___ No.

If so, the charge per person is \$_____ per _____. (session, day, hour, etc.)

11. What will be the age range of those in attendance? _____

12. List any equipment you will be bringing to use in the space you are requesting.

13. Do you intend to consume any beverages or food during your use of the space?

Check all that apply: ___soft drinks ___finger food ___sandwiches ___warm food

List Other _____

14. How often do you request use of the space? (e.g., once, monthly, every Wednesday)

15. Date and Time Requested. (e.g. Nov. 11, 2011 7:00 am to 9:00 am) _____

16. Space Requested: Sanctuary ___ (**Sanctuary and Rooms in Building 'A' NOT available on Sundays**)

Narthex ___ Kitchen ___ Parlor ___ Classroom # _____

Lawn ___ Volley Ball Courts ___ Other list _____

17. Can you use space as is? Yes _____ No _____

18. Will you need assistance to set up, clean or restore the area to its previous condition for extra donation:

Yes___ No___? Explain _____

19. List any other set up requirements you will have for the space you are requesting.

Date of Request _____

Printed Name and Title of Requestor:

Signature of Requestor

For Office Use Only:	Submitted to Trustees: _____(date)
Approved by Trustees _____(date)	Rejected by Trustees _____(date)
Approved by Pastor(s) _____(date)	
Applicant advised of decision _____(date)	By: _____(name)