

REQUEST FOR FACILITY USE

Please complete and return to the church office.

Date		
Facility requested: Fellowship Hall (\$250)	Sanctuary (\$200)	Parlor (\$25)
Meeting room(s) and # (\$25)	
Sponsoring group/organization		
Responsible person	nt during the event.)	
Event date	Beginning time	End time
Total time needed for set-up and to	ear-down	
Number of people attending the event		_
Description of activity/special requ	ests (kitchen equipment)	
Please draw a sketch of the room of	ROOM ARRANGEMEN arrangement you would like or	
Number of tables needed Number of chairs needed		
Waiver of liability: The Group shall comply with all rule to the use of RUMC space. The Gro against RUMC arising out of or in co holds RUMC harmless from and aga costs and expenses of every kind of termination of the Agreement.	up waives and releases any ar onnection with the RUMC space ainst any and all claims, liabilit	nd all claims, present and future, e. The Group indemnifies and ies, damages, losses, and other
In return for being allowed to use R conditions of the RIDGE UNITED MET responsibilities specified therein.		-
(Representative's signature) FOR OFFICE	(Dat USE ONLY—DO NOT MARK IN	e) THIS AREA
Rental/Usage Fee	Site Superv	isor Fee
Received on	Site Superv	isor payable to, due when reservation is made)
Confirmation copy sent on		(i 2 /17 /001 F)

