

MEMORIAL UNITED METHODIST CHURCH

250 Bryant Avenue, White Plains, New York 10605

Telephone No. (914) 949-2146 Fax No. (914) 343-0539

www.memorial4all.org

APPLICATION FOR BUILDING USE

Name of Applicant

Contact Person

Address of Applicant:

Telephone:

Fax:

Email:

Are you a non-profit or government organization? If so describe.

DATE of Event:

Time of Event:

Number of Participants:

Number of Vehicles:

Type of Event:

Set Up:

Begin:

End:

Clean Up:

ROOMS Requested:

Does your organization have Liability Insurance to cover the Event?

If so, please provide the name of your carrier, contact information for the carrier or agent.

You will be asked to provide a Certificate of Insurance as a condition of contracting for use of space.

Describe all activities you intend to conduct in the space:

Will you need Kitchen services? Yes No What are your needs?

PLEASE NOTE:

- 1. No Alcoholic Beverages permitted on the property**
- 2. No Smoking in the building**
- 3. Playground Off limits**

25% deposit due on contract. \$500 Refundable Loss Fee (refundable after satisfactory performance and removal of articles brought to premises and trash placed in dumpster.) if conditions are not met, or cancelled at least two weeks prior to event. Balance and Refundable Loss Fee due 2 weeks prior to date of event.

Total price: \$ _____ Deposit: \$ _____ Balance: \$ _____

Applicant Signature

Date

Staff Person Signature

Date

USE and SET-UP SCHEDULE

Applicant:

Date:

Contact Person for Set Up and Clean Up:

Telephone:

Fax:

Email:

What furniture, equipment and other set up will you require or provide?

Memorial will advise which of the items we will be able to provide and any costs involved.

Room	Activity	Time Begin	Time End

Diagram for Set Up / Space Plan: