

Sandy Mount United Methodist Church
2101 Old Westminster Pike, Finksburg, Maryland 21048
Phone Number 410 861-5788

SMUMC Facility Use Request

Date of Request _____

Name of Organization _____

Reason for Request _____

Date(s) Requested for Use _____

(Request should be received 30 days prior to use if possible***)***

	Date(s)	Time(s)	Custodian Assistance Required (Y/N)?
Set-Up Information			
Event Information			
Close-Down Information			

Facility/Room(s) Requested:

<input type="checkbox"/> Sanctuary (S)	<input type="checkbox"/> Church Parlor (CP)	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Library (LB)
<input type="checkbox"/> New Fellowship Hall (NFH)	<input type="checkbox"/> Choir Room (CR)	<input type="checkbox"/> Nursery (NY)	<input type="checkbox"/> Cribbery (CRB)
<input type="checkbox"/> Old Fellowship Hall (OFH)	<input type="checkbox"/> Adult Sunday School Rm (ASR)	<input type="checkbox"/> Other _____	
New SS School Wing Rooms	<input type="checkbox"/> Red Room	<input type="checkbox"/> Yellow Room	<input type="checkbox"/> Green Room <input type="checkbox"/> Blue Room

Number of Individuals Expected to Attend Adults _____ Children _____

Equipment Requested Tables _____ Chairs _____ Other Equipment _____

All Organizations and non-church members must provide a Certificate of Insurance (Organizations) or copy of their Liability/Homeowners' dec page (Individuals) confirming their General Liability limits.

Organization Representative _____ Phone _____

Please contact the church office or church representative if the event is cancelled or postponed. Also contact the church if there are any changes to the initial request.

Approved/Disapproved

Approved/Disapproved

Pastor

Trustee Representative