McFarland United Church of Christ
APPLICATION FOR USE OF FACILITIES

Name of Event/Organization/User: _____

Event date(s) and times: _____

Purpose/Nature of Event/Program/Use of Facilities: _____

Church Affiliation (Member or describe): _____

Note: Use of the facilities for non-members is at the discretion of MUCC's leadership team.

Part(s) of building to be used: ____ Sanctuary ____ Fellowship Space Number of people

____ Kitchen ____ Multipurpose Room ____ Nursery ____ Grounds expected: _____

Incoming groups are responsible for making their own food and beverage arrangements. Users are responsible for making sure the building is properly secured when they leave. All windows should be closed, all 3 entrances should be shut and locked (main door and 2 hallway ends), and all interior lights turned off. Any kitchen equipment used should be turned off; any dishes/cookware used should be cleaned and put away. Food-related garbage should be disposed of or removed from the building. A vacuum and basic cleaning supplies are available in the janitor's closet if needed.

Person responsible for pickup/return of building key (name and phone #) _____

PRIMARY CONTACT PERSON – AGREEMENT FOR BUILDING/PROPERTY USE

The undersigned in charge of the activity is 18 years of age or older and:

- States that the above-provided information is accurate and the purpose/nature of use of the building/grounds will conform with the information.
- Acknowledges that for recurring events/meetings, church-related activities may take precedence over the regularly scheduled event.
- Ensures that the facilities are handled with due care and concern and if substantial damages occur, will work with the church to restore the facility to its prior condition.
- Ensures food and beverages, other than water, are not taken into the sanctuary.
- If the use of sanctuary audio/visual equipment is required, ensures this request includes detailed requirements. Note that a qualified tech team church member must assist with A/V equipment use.
- Ensures that participants adhere to the SMOKE-FREE, ALCOHOL-FREE & illegal DRUG-FREE policy of this church.

Primary Contact Person Signature _____ Date _____

Print Name _____ McFarland UCC Member ___ Yes ___ No

Mailing Address: _____

Phone _____ Cell ___ Home ___ Email _____

CHECK OUT After each activity/event, please complete the following checklist:

1. ___ Building clean and room(s) returned to original arrangement
2. ___ Lights and appliances turned off
3. ___ All food brought in by user is removed from premises
4. ___ All doors locked
5. ___ Key returned after final event (leave in the 'Office Staff' mail slot and depart from locked hallway door)