



First United Methodist Church of Palatine
Application for Use of Facilities

Name of Group or Organization

Purpose for use of space

Name of person making application

Phone

Email address

Date(s) needed

Time(s) of your event

Arrival Time

Departure Time

Number of people expected

Room(s) requested:

Fellowship Hall Wesley Center Commons Area Sanctuary Adult Meeting Rm Upper Rm Kitchen

Equipment

Chairs

Tables

Describe Other

Payments

Total Fee

Deposit Paid

Balance Due

IT IS UNDERSTOOD THAT THE ORGANIZATION/PERSON NAMED ABOVE IS RESPONSIBLE FOR ANY AND ALL DAMAGES CAUSED BY SUCH ORGANIZATION/PERSON WHILE ON CHURCH PREMISES.

Signature of Applicant

Date