



First United Methodist Church of Palatine Application for Use of the Facilities

Name of Group or Organization

Purpose for Use of Space

Name of Person Making Application

Phone Number

Email Address

Date(s) Needed

Time(s) of Your Event

Arrival Time

Departure Time

Number of People Expected

Room(s) Requested

EQUIPMENT NEEDED

Chairs

Tables

Describe Other

PAYMENTS

Total Fee

Deposit Paid

Balance Due

The person named below has received a copy of the facility use policy.

Signature of Applicant

Date

**FOR INTERNAL
USE ONLY**

Certificate of Insurance:

Key Issued:

Technology Request:

Returned:

Food Service Request:

Approved Date:

Additional Amount Invoiced:

* All forms must be returned to Brian Harrington's mailbox or emailed to bharrington@fumcpalatine.org.*