

**Saint Matthias United Methodist Church
BUILDING FACILITIES USE PERMIT**

Requested By: _____
Name Phone Number Email Address

Sponsored By: _____
(If applicable) Name Phone Number Email Address

Purpose of Facility Use: _____

Room: _____ Deposit: _____ Fee (per use): _____

Period: _____ to _____ (Not to exceed one year)
Start Date End Date

Frequency: _____ (e.g., Every Tuesday & Friday)

Times: _____ to _____ (e.g., 11:30am to 4:30pm)
Start Time End Time

I have received a copy of the St Matthias Building Facility Use Policy and the Safe Sanctuary Policy (if applicable) and understand and agree to be in full accordance with each policy.

Requestor: _____
Signature Date

Sponsor (if applicable): _____
Signature Date

Safe Sanctuary Covenant (if applicable): _____
Date Signed

Pastor Approval (if applicable): _____
Signature Date

Trustee Approval: _____
Signature Date

Administrative Council Approval: _____
Signature Date

Waiver of Insurance Agreement required: YES or NO

Insurance Policy naming St. Matthias UMC as additional insured required: YES or NO

Key Assigned: _____ **Deposit Received:** _____ **Sexton Notified:** _____ **Thermostats Set:** _____
Date Date Date Date