

Minnehaha United Methodist Church (MUMC)  
3701 E. 50<sup>th</sup> Street  
Minneapolis, MN 55417

Complete form and return to:  
MUMC Church Secretary  
612-721-6231

## Facility Use Application

Name of Organization/Event \_\_\_\_\_

Leader \_\_\_\_\_ Day Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Phone \_\_\_\_\_

Type of Activity \_\_\_\_\_ # of People in Group \_\_\_\_\_

Time Activity Begins \_\_\_\_\_ Time Activity Ends \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Group to meet on \_\_\_\_\_ basis  
(one-time/daily/weekly/monthly/semi-monthly)

Area of facility requested for use \_\_\_\_\_

Cost associated with area requested for use \_\_\_\_\_

### Conditions and Responsibilities:

- This facility will be used only at the times and dates agreed upon above.
- All fees will be paid prior to use, unless other arrangements are approved.
- All rooms and spaces will be returned to their original condition.
- All injuries to persons and/or damage to property, security system and/or fire alarm incidents will be reported to the church office immediately or after hours to Gene Thompson (612-729-1540), Steve Meier (612-518-7411) or Angie Eichten (612-250-1662).
- Key deposits and replacements are \$25.

**Liability:** Applicant agrees to accept full responsibility for injury to persons, damage to property, security system and fire alarm charges during the time this facility is used under this agreement. The organization agrees to all the conditions and responsibilities listed above as well as the attached building use guidelines.

\_\_\_\_\_  
(Signature of person responsible)

\_\_\_\_\_  
(Date of Application)

*Attach Calendar Listing ALL Dates Requested for Use*

*All building usage is scheduled through the MUMC Church Secretary*

### For Office Use Only

Member

Non-Member

Outside Group

Application approved by \_\_\_\_\_ Date \_\_\_\_\_

Put on calendar by \_\_\_\_\_ Date \_\_\_\_\_

Confirmation Letter mailed \_\_\_\_\_ Key Issued \_\_\_\_\_ (if applicable)

Cost \_\_\_\_\_ Amount Paid \_\_\_\_\_

(Revised 01/2018)