



# NASHVILLE UNITED METHODIST CHURCH

*Offering Better Life Through Christ*

## CHURCH EVENT - FACILITY USE APPLICATION

Please return this form to the Church Office or email completed form to [info@nashvilleumc.net](mailto:info@nashvilleumc.net) eight weeks prior to your event for approvals. If you do not receive a confirmation within 24 hours that your request has been received, call the church office at 252-459-7178.

Title of Event as it will appear in promotional material: \_\_\_\_\_

Event Purpose: \_\_\_\_\_

Ministry Team: \_\_\_\_\_ Under: Nurture      Outreach      Witness

Date(s) of Event: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Initial Access to facility (*Complete only if different from Date/Time of Function, i.e. to decorate, setup, cook, etc*)

Date: \_\_\_\_\_ Time in: \_\_\_\_\_ Time out: \_\_\_\_\_

Cost to attend: \$ \_\_\_\_\_

Event Coordinator(s): \_\_\_\_\_

Contact # Day: \_\_\_\_\_ Night \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you, or anyone in your party have a key and security code to the Church?    YES      NO

Name or person with key & code: \_\_\_\_\_

Contact # Day: \_\_\_\_\_ Night \_\_\_\_\_ E-mail: \_\_\_\_\_

- Rooms Needed:
- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Braswell Hall     | <input type="checkbox"/> Chapel      |
| <input type="checkbox"/> Cockrell Hall     | <input type="checkbox"/> Library     |
| <input type="checkbox"/> Sanctuary         | <input type="checkbox"/> Basement    |
| <input type="checkbox"/> Parlor            | <input type="checkbox"/> Kitchen     |
| <input type="checkbox"/> Men's Bible Class | <input type="checkbox"/> Other _____ |

Furniture & A/V Needed:

- |                                       |               |   |
|---------------------------------------|---------------|---|
| <b>Furniture</b>                      | <b>Number</b> | <b>Audio/Visual</b>                           |
| <input type="checkbox"/> Round        | _____         | <input type="checkbox"/> Audio Needed: _____  |
| <input type="checkbox"/> Long (8")    | _____         | _____   |
| <input type="checkbox"/> Long (6")    | _____         | <input type="checkbox"/> Visual Needed: _____ |
| <input type="checkbox"/> Podium       | _____         | _____   |
| <input type="checkbox"/> Chairs       | _____         | _____   |
| <input type="checkbox"/> Table Cloths | _____         | _____   |

Will childcare be needed? YES      NO      If Yes, list # & ages of children: \_\_\_\_\_  
(Childcare is not guaranteed)

Will this event be catered? YES NO Name of Caterer: \_\_\_\_\_ Phone: \_\_\_\_\_

If not catered, please provide us with information about the person managing your food items or meal preparation if applicable:

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Has this person used our kitchen facility for events previously? YES NO

Bulletin/Newsletter announcement (*May be edited as space allows*)

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Will your group be purchasing a yard banner? YES NO (if YES, coordinate with church office for a city permit)

Would you like to schedule a ministry moment during worship for this event? YES NO

**I have read and understand the guidelines for NUMC Church Events.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**KEEP THIS PAGE FOR PLANNING/CLOSING YOUR EVENT**

**Special information for kitchen use:**

Do not leave food items in the kitchen after the event without prior approval. Bulk food donations should be communicated to the Children & Youth Meal Team, Weekday School/Kidspace Director or Compassion Café coordinator for distribution prior to expiration of the items. Otherwise, send your left over products home with your volunteers as a gift to them or find storage elsewhere for your next event.

Pantry items such as napkins, cups and food items are for our Weekday School, Compassion Café, Kidspace and Sunday Night Children’s Ministry meal. Please plan accordingly and bring your own paper and coffee supplies.

Please remember that you are responsible to clean up behind your event, including taking the trash to the dumpster and picking up large debris and vacuuming the floor. Please familiarize yourself with our cleaning supplies prior to the activity. We suggest a designated clean-up team for large events. A clean-up checklist has been provided with this document for you to keep as a tool for your team.

**Cleanup Checklist:**

- All food items sent home, trashed, or labeled for next event.
- Wash, dry and put away all dishes including the coffee pot if used.
- Soiled linens and dishrags should be taken home, cleaned and returned to the church or church office within a week of the event.
- Floors vacuumed/mopped if needed (food crumbs, lots of tracked in dirt, etc.)
- All tables and chairs put back according to room original setup, unless other arrangements have been made. (List other arrangements here: \_\_\_\_\_)
- Special props or other items removed from the building.
- All trash taken to the dumpster.
- Replace furniture and items that have been moved or borrowed from another room.

**Lockup Checklist:**

- Lights turned out throughout the building (including the restrooms).
- If heat or air is adjusted, please return it to the original setting.
- Check ALL exit doors to ensure they are locked (pull handles to secure).

Please make notes here of any property damage or repairs needed to the building and grounds:

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Total number of guest & volunteers \_\_\_\_\_  
(This information is needed for UM Conference Reports)

Signature: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(Place completed form in church office drop box)

NOTE: Defibrillator is located near the nursery in the Gathering Area. First aid kits are located in the kitchen and the Gathering Area cabinet.

For pastoral emergencies or serious trouble with the facility, call the church administrator at 252-314-1118.

**OFFICE USE ONLY**

Date Received: \_\_\_/\_\_\_/\_\_\_ Received by: \_\_\_\_\_

**Approval check list (if approval via e-mail, attach copy):**

- |   |             |                   |
|---|-------------|-------------------|
| <input type="checkbox"/> Pastor & Staff                                   | Name: _____ | Date: ___/___/___ |
| <input type="checkbox"/> Church Administrator                             | Name: _____ | Date: ___/___/___ |
| <input type="checkbox"/> Church Sponsor                                   | Name: _____ | Date: ___/___/___ |
| <input type="checkbox"/> Trustees   | Name: _____ | Date: ___/___/___ |
| <input type="checkbox"/> WDS/KidSpace Director                            | Name: _____ | Date: ___/___/___ |
| <input type="checkbox"/> Worship Leaders (Nurture, Witness, or Outreach): | Name: _____ | Date: ___/___/___ |
| <input type="checkbox"/> Nursery Coordinator (if applicable)              | Name: _____ | Date: ___/___/___ |
| <input type="checkbox"/> Sound/Media Technician (if applicable)           | Name: _____ | Date: ___/___/___ |
| <input type="checkbox"/> Other: _____                                     |             |                   |

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**Processing tasks – check list**

- Add to calendar
- Confirm expenses are funded appropriately if a church function
- Remit Approval via email/phone to Event Coordinator
- If fundraiser, ensure Fundraising Application is received
- Map communication: Bulletin, Newsletter, Website, Discipleship Catalog, Social Media