

Application

*To be completed, signed & submitted to the church office for approval.
EVENT DATES ARE NOT CONFIRMED UNTIL THIS APPLICATION
IS SUBMITTED AND APPROVED BY THE CHURCH OFFICE.*

Today's Date: _____

Person Responsible: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address _____

Organization or Group Name: _____

Activity: _____

Number of Attendees: _____

Start Date: _____

End Date: _____

Requested Day/Date: 1st choice _____

2nd choice _____

Requested Time: 1st choice _____ a.m. p.m.

2nd choice _____ a.m. p.m.

Requested Room: 1st choice _____

2nd choice _____

Equipment Usage Request

The Sound System/Projection System is available for an additional charge of \$150.00. The "Equipment Usage" section of the Church Application form must be completed prior to the approval of the event. A church "sound/projection official" will be scheduled to run the equipment during the event.

For this event the following equipment will be needed:

Sound: yes no Number of mics: _____

CD Player yes no

Cassette Player yes no

Power Point yes no

Computer will be provided by: group church

Electric Piano yes no

Borrowing of Church Property

(members and regular attendees, only)

NOTE: Only designated metal chairs and tables located in the storage room of the old fellowship hall will be allowed off-premises by regularly attending church members. Those who borrow these items are responsible for set-up, take-down and return following the event.

Rectangular Tables _____ Folding Chairs _____

Linen Tablecloths _____ *(All linens must be washed and pressed at the borrowers expense prior to returning them to the church.)*

Date of pickup _____ Time: _____

Date of return _____ Time: _____

For Office Use Only

Amount picked up _____ Amount picked up _____

Staff Signature _____ Date _____

Amount returned _____ Amount returned _____

As an individual and/or representative of my organization, I have read and agree to follow all guidelines set forth in the Church Guidelines & Application form. I understand it is my responsibility to notify all individuals of _____ of the stated guidelines and that they will be responsible for upholding these guidelines as well.

 Name Date

For Office Use Only

Application signed received in church office: _____
 Approved: yes no by: _____
 If no, reason: _____
 Key application completed: _____
 Key returned: _____



Open Hearts
Open Minds
Open Doors
 The people of
Munford First United Methodist Church
 57 South Tipton Street, Munford TN 38058
 Office hours: Mon—Thurs 8 a.m.—4:30 p.m.
 Fridays until noon

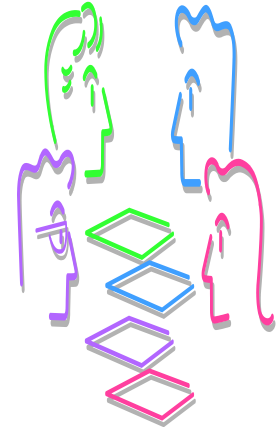
Munford First United Methodist Church

**Church
 Application**

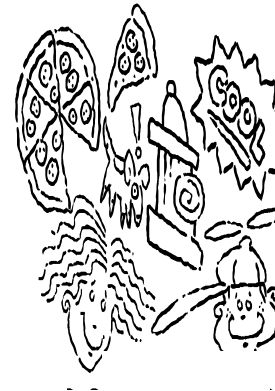
Weddings



Meetings



Events



**Life Enrichment
 Center**

