



# Gobin Memorial

THE UNITED METHODIST CHURCH

connect. grow. serve.

307 Simpson Street  
P.O. Box 66  
Greencastle, IN 46135

Phone: 765-658-6010 || Email: [gobin@gobinumc.org](mailto:gobin@gobinumc.org) || Website: [gobinumc.org](http://gobinumc.org)

## Application for Use of Church Facilities

Event:  Church Sponsored Event  Outside Group

*If from an outside group, Gobin requests a Certificate of Insurance.*

Application Date: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Organization/Requester Name: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ (Home)

Contact Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ (Cell/Work)

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Single Request Date: \_\_\_\_\_

Multiple Dates Date From: \_\_\_\_\_ Date To: \_\_\_\_\_ Day of the Week: \_\_\_\_\_

On-Going Request Date From: \_\_\_\_\_ Date To: \_\_\_\_\_ Day of the Week: \_\_\_\_\_

Set-Up Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Event Time: From: \_\_\_\_\_ To: \_\_\_\_\_

\*As a courtesy to Gobin's custodial staff we ask that you be finished by 8:30pm Monday-Friday and 5:00pm Saturday-Sunday unless special arrangements are agreed upon before event.

	Facility Area Requested	# of Rooms	# of Tables	# of Chairs	# Attending
<input type="checkbox"/>	Classroom(s)				
<input type="checkbox"/>	Kitchen				
<input type="checkbox"/>	Fellowship Hall				
<input type="checkbox"/>	Sanctuary				
<input type="checkbox"/>	Peace Chapel				

Will food be served:       Yes       No      Describe: \_\_\_\_\_

I understand that Gobin Memorial UMC will provide meeting space(s), table(s), and chair(s). and no other services. I have received and read the rules and guidelines for the use of Gobin Memorial UMC facilities. I will take full responsibility for enforcing these guidelines. I understand that any abuse of church property or special cleanup may result in Use Fee or Excess Charge.

All forms for the use of the church must be submitted at least 7 days in advance of the date(s) of the request.

Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use

Date Approved: \_\_\_\_\_ By: \_\_\_\_\_

Added to Calendar by (initial): \_\_\_\_\_

Date Rejected: \_\_\_\_\_ Reason: \_\_\_\_\_

By: \_\_\_\_\_