

BARABOO, WISCONSIN 53913 608-356-3991

fumc@barabooumc.org

Facility Rental Form

For Office Use:				
	Approved By			
	Date:			
	Date reserved			
	Fees due: \$			
	Insurance form rec'd			
	Safe Sanctuaries Policy			
	Fees paid (if app.)			
	Keys released, if needed			
	Keys/Deposit returned			

Please return completed form to the church office at least 2 weeks prior to the date requested. After your application has been reviewed by staff or the Board of Trustees, you will be notified on the status of your reservation

	(Group or Individual Req	uesting Use)			
Address:			Phone:		
Email: _					
Explain	activity to be held:				
Estimate	ed number of people in at	tendance:			
Admissi	on / Fee Charged? 🚨 Yes	☐ No Proceeds, if any, w	vill be us	ed for:	
Date(s)	requested:				
If reoccu	urring, Start Date:	End Date:	□	Weekly 🗆 Monthly 🗅 Other:	
Event Ti	ime: until _	Setup Tin	ne:	Takedown Time:	
Contact	person who will be prese	nt:		Phone:	
□ I have	e a key to the building.	☐ I would like to check out	t a key - I	Key Deposit: \$25 (provide separate check to FUM)	
Facilitie	s needed (please mark all	rooms to be used):			
Main Le			Lower L		
	Sanctuary			Main area	
	Fellowship Hall Kitchen:			Classroom(s): How many?	
_				now many:	
	•		Upper L	evel:	
				Conference Room	
		resent)		Work Room (room with copy machine)	
_	☐ Stove/Oven ☐ Dishwasher ☐ Coffee Makers Nursery (adult must be p	resent)		Conference Room	

The person/organization requesting the use of church facilities hereby absolves the church, its pastors, leadership, or members of any liability for personal injury to any individual resulting from the use of the church building, and agrees to be responsible for any property damage that results during the use of the building.

Signature on this form indicates acceptance of all applicable fees and policies: see Building Use Policy and Building Fee Schedule.

c: 1	5 .
Signed:	Date: