

Date of request: _____

REQUEST FOR USE OF FACILITIES

To be completed and submitted to the church office by the non-profit organization wishing to use the facilities of Aldersgate UMC

Aldersgate United Methodist Church
1201 Irvine Boulevard, Tustin CA 92780

Phone: 714.544.3653

Email: nancy@aumctustin.org

Desired dates and times: _____

Name of Organization/Person: _____

Address: _____

Telephone: _____ **Email:** _____

Name of Contact Person: _____ **Phone:** _____

Form of organization: corporation , partnership , unincorporated association ,
public school , private school , government entity , other: _____

Are you a religious corporation?
Yes No

Do you have and I.R.C. 501 C 3 exemption? **Tax ID#** _____
Yes No

Can provide insurance naming Tustin AUMC as "also insured" for \$1,000,000
Yes No

Must receive this form 30 days prior

Rooms desired: Sanctuary ____ Fireside Room ____ Kitchen _____ Education Building
(designate room #) ____ Fellowship Hall ____ Youth Rooms

Church equipment requested: _____
Sound ____ Audi-Visual _____ (\$75) VCR _____

Number of days expected to use the facilities: _____ **Includes set-up and take down.**

Number of persons expected: _____ **Number of cars expected:** _____

Are you or members of your organization members of the church?
Yes No

If yes, please name: _____

Other pertinent information:

_____.

For Church Use

APPROVED _____ DATE _____

Trustee Initial: _____

Notified by phone: ____/____/____ and Postcard sent: ____/____/____

Total Amount requested: \$ _____

DISAPPROVED _____ DATE _____

Reason:

Trustee Initial: _____