## **Ely United Methodist Church**

305 Camp Street, Ely, Minnesota 55731 Church: 218.365.3355 Parsonage: 218.365.3716

<b>Application for Use of Facility</b> Today's Date	7
Type of Group/Individual Applying t	for Facility Use
	Member □ Non-Church Organizations □ Non-Members
Activity/Group Name	
	Phone
Date Requested	Time Frame
Day □ Sun □ Mon □ Tues □ Wed □ Thurs □ Frequency	Fri □ Sat
☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ On Area of Church Requested	ne Time □ Continual
☐ Sanctuary ☐ Social Hall ☐ Kitchen <b>Special Needs/Equipment</b>	□ Sunday School □ Church Grounds
$\square$ Audio/Video $\square$ Cleaning (Req. Area	/Halls/Restrooms □ Setup Tables/Chairs □ Napkins
☐ Candle Holders (Party must furnish c	andles) □ Utensils □ Unity candle □ Plates □ Cups
Equipment leaving the Facility: To be returned on: Date	
Weddings Only Rehearsal Date/Time:	_
Will any of the wedding party dress a	at the church?
Groom's Full Name	Phone
Bride's Full Name	Phone
Other areas of the church needed for	dressing etc
Hour Activity Begins	Hour Activity Ends
Expected Attendance *	
Contact/Responsible Signature	
Date of Signature	
For Office Use Only Approved Date	
Date/Amount Fee Paid (See schedule	2)
Attached Proof of Insurance or Waiv	er Signed (must be attached)
* The Contact/Responsible Person sign	gning below agrees to adhere to the EUMC building policy
Signature:	Date:
EUMC Representative Responsible for C	