

Faith Alive United Methodist Church

FACILITY USAGE REQUEST FORM

678 Pine Street

Palmerton, PA 18071

(610) 852-2805 Fax (610) 852-3556

faithalu@ptd.net

DATE OF APPLICATION _____	FAITH ALIVE MEMBER _____	NON-MEMBER _____
NAME _____	NUMBER OF PEOPLE _____	
ADDRESS _____	TELEPHONE _____	
_____	CONTACT PERSON _____	
RESERVATION DATE: _____	TIME _____	
TYPE OF FUNCTION _____		
SIGNATURE _____	DATE: _____	
SPECIAL INSTRUCTION/COMMENT		

Property Use Expectations

Faith Alive is a Drug-free & Smoke-free Facility

1. NO ALCOHOLIC BEVERAGES IN OR ON CHURCH PROPERTY - NO EXCEPTIONS!
2. SMOKING IS PROHIBITED INSIDE THE BUILDING. ALL CIGARETTES MUST BE EXTINGUISHED IN THE APPROPRIATE CONTAINERS OUTSIDE BEFORE ENTERING
3. APPROPRIATE LIVE OR CANNED MUSIC IS PERMISSABLE. NO LEWD OR SUGGESTIVE LYRICS
4. NO FOG OR SMOKE MACHINE
5. PLEASE RETURN THE ROOM TO ITS ORIGINAL SETUP & CLEANLINESS.
6. ALL CHILDREN & YOUTH MUST BE UNDER THE SUPERVISION OF AN ADULT AT ALL TIMES.
7. THE APPLICANT IS CONSIDERED THE RESPONSIBLE PARTY FOR ANY DAMAGE BEYOND REASONABLE USE
8. ALL FEES MUST BE PAID AT LEAST TWO WEEKS IN ADVANCE OR THE RESERVATION FOR FACILITY USE WILL BE CANCELLED
9. WEDDING NOTE - NO RICE OR BIRDSEED TO BE THROWN AS THE BRIDE & GROOM EXIT THE FACILITY – BUBBLES OR BUTTERFLIES ARE OK - PLEASE INQUIRE

I AGREE TO ALL TERMS & FEES

Signature _____ Date: _____

FACILITY FEE SCHEDULE

AREA RESERVED	CHECK ALL THAT APPLY	USAGE FEE	YOUR COST
FELLOWSHIP HALL:			
Member		\$ 35.00	
NON-MEMBER		\$ 100.00	
KITCHEN: FULL USE OF KITCHEN: STOVES, DISHWASHER ETC.			
Member		NO CHARGE	
NON-MEMBER		\$ 50.00	
SANCTUARY:			
Member/Constituent – (Good Standing in Attendance & Giving)		NO CHARGE	
Member (Host/ess Fee - If applicable Without FA Pastor officiating)		\$ 100.00	
NON-MEMBER		\$400.00	
SINGLE USE CLASSROOM		\$ 50.00	
MULTI-USE CLASSROOM - EACH ADDITIONAL ROOM		\$ 25.00	
AUDIO ENGINEER - 1 ½ HR LIMIT EACH (PAID SEPARATELY)			
Rehearsal		\$ 35.00	
EVENT DAY		\$ 35.00	
BULLETIN SERVICES NON-MEMBER (PAID SEPARATELY)		\$ 40.00	
PAVILION		\$ 100.00	
SECURITY DEPOSIT OF ½ FEE REQUIRED FOR ALL RESERVATIONS (NON-REFUNDABLE)			
TOTAL COST			

FOR OFFICE USE ONLY

REVIEWED BY: _____ DATE: _____

APPLICATION APPROVED _____ DISAPPROVED _____

TOTAL FEE \$ _____ AMOUNT PAID \$ _____

DONATION \$ _____ AMOUNT PAID \$ _____

DEPOSIT \$ _____ AMOUNT PAID \$ _____ AMOUNT OWED \$ _____

ADDITIONAL COMMENTS: _____