

Revised: January 2024  
Approved: February 5, 2024

**Application for Permission to use Facilities and Equipment**  
**First United Methodist Church**  
**200 South Penn, Independence, KS 67301**

**The applicant and the individual executing this application hereby waive any and all claims, demands, and causes of action that they may have against First UMC as a result of the use of the church facilities pursuant to this application. The applicant and the individuals executing this application shall indemnify and hold harmless Independence First UMC and Wesley Center, its officers, agents and employees from and against any and all costs of litigation arising out of or associated with the use of church property by the applicant group and its members, guests, employees and agents pursuant to this application.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Member of First UMC: Yes \_\_\_\_ No \_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_ to \_\_\_\_\_

Event Set-Up Date: \_\_\_\_\_ Event Set-Up Time: \_\_\_\_\_ to \_\_\_\_\_

Building Open Time: \_\_\_\_\_ Building Vacate Time: \_\_\_\_\_

Facility Requested: Sanctuary \_\_\_\_ Chapel \_\_\_\_ Gault Parlor/Dining Room \_\_\_\_  
Gault Parlor/Kitchen/Dining Room \_\_\_\_ Wesley Center \_\_\_\_  
Wesley Center/Kitchen \_\_\_\_ Education Building Rooms \_\_\_\_

Wedding Coordinator: Yes \_\_\_\_ No \_\_\_\_

Nursery Attendant: Yes \_\_\_\_ No \_\_\_\_

Audio Systems & Technician - Operated by First UMC Media Staff: Yes \_\_\_\_ No \_\_\_\_

Media Systems & Technician - Operated by First UMC Media Staff: Yes \_\_\_\_ No \_\_\_\_

Type of Media: DVD \_\_\_\_ Flash Drive \_\_\_\_ Other \_\_\_\_\_

Livestreaming/Recording Technician - Operated by First UMC Media Staff: Yes \_\_\_\_ No \_\_\_\_

Musical Accompaniment: Piano \_\_\_\_ Organ \_\_\_\_ Singing \_\_\_\_ Other \_\_\_\_\_

Set-Up Required: Yes \_\_\_\_ No \_\_\_\_ Number of Round Tables \_\_\_\_ Number of Long Tables \_\_\_\_

Number of Chairs \_\_\_\_ Note: All set up and tear down performed by First UMC staff.

Facility Fee(s): \_\_\_\_\_ Pastor's Honorarium: \_\_\_\_\_

Wedding Coordinator Fee: \_\_\_\_\_ Nursery Coordinator Fee: \_\_\_\_\_ Audio Fee: \_\_\_\_\_

Media Fee: \_\_\_\_\_ Livestreaming/Recording Fee: \_\_\_\_\_ Set-Up/Tear-Down Fee: \_\_\_\_\_

Refundable Deposit: \_\_\_\_\_ **Total Fees:** \_\_\_\_\_ Deposit Refund Date: \_\_\_\_\_

Note: Reservations will be penciled in, on the church calendar, at the time the request is made. Form must be signed and returned ASAP in order for the date to be held.

Fees: All fees should be paid at the time the request form is turned in, unless other arrangements are agreed to. The Board of Trustees will review the application and fees and return to the office administrator as soon as possible. If request is denied, all fees will be returned.

Smoking, Vaping, Alcohol, Illegal Drugs, and Vulgar or Disrespectful Language are not allowed in the facilities or on church property. Persons violating this policy will be asked to leave, and/or the event canceled. Appliances and kitchen items used: stove, refrigeration, tables, countertops, and carts are to be cleaned and returned. Items used must be washed, dried, and placed in their proper place. All trash must be taken to the dumpster. Additional charges may result if we are required to do this work after the event.

Damages: If the building, furnishings, or equipment are damaged, beyond normal wear and tear, the contact person is responsible to pay for replacement.

I have read and understand the above policies relating to the use of the First UMC facilities, and agree to adhere to their policies and see that they are followed.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed and Approved by the Board of Trustees: \_\_\_\_\_ Date: \_\_\_\_\_

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FOR OFFICE USE ONLY

Pastor Notified: \_\_\_\_\_ Date: \_\_\_\_\_

Audio/Media/Livestreaming Technician Notified: \_\_\_\_\_ Date: \_\_\_\_\_

Set-Up Team Notified: \_\_\_\_\_ Date: \_\_\_\_\_

Usher/Security Notified: \_\_\_\_\_ Date: \_\_\_\_\_

Wedding Coordinator Requested: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Date Notified \_\_\_\_\_

Nursery Coordinator Requested: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Date Notified \_\_\_\_\_