



**Rental of Facilities, Grounds, and/or
Equipment Form for
Saint Andrew's UMC Facility**



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Name of Organization/Event & Full Address

Contact Persons in charge of group or activity (Name, Phone, & Email)

Date(s) of Event

Description of Event

Facilities Requested (Please include prep/cleanup time):

- Sanctuary Start Time: _____ End Time: _____ Total Hours: _____
(Max capacity 240)
- Schieke Hall Start Time: _____ End Time: _____ Total Hours: _____
(Max capacity 395)
- Parlor Start Time: _____ End Time: _____ Total Hours: _____
- Kitchen Start Time: _____ End Time: _____ Total Hours: _____
(The Kitchen may be used without charge for storage and warm-up. There is a fee for cooking and preparation.)
- Ballfield(s) Start Time: _____ End Time: _____ Total Hours: _____
(Specify Ballfield Number(s) _____.)

Equipment Requested to Use on Church Grounds including quantity
(Tables, Chairs, Microphone Stands, Microphone, Speakers, Projector, Podium, etc.)

Policy Agreement & "Rental of Facilities, Grounds, and/or Equipment Use Form" must be signed & attached

Normal Care: Users are expected to follow the policies and procedures for the proper care of the facilities. For example: Trash should be emptied; spilled food/substances should be removed from floors and surfaces; any equipment reserved with permission should be returned to its proper place; nothing other than the supplied tissue should be flushed in toilet; any condition that could cause injury should be attended to immediately. In addition, the facility should be surveyed and cleaned up. (School staff should use school janitorial for clean-up supplies/equipment and Church ministries should use the church janitorial supplies/equipment.)

Does your group have liability insurance? ___ Yes ___ No

If yes, please list the insurance carrier and contact information below.

If requested, please attached the Certificate of Insurance naming Saint Andrew's United Methodist Church as "also insured."

Liability: *If your group does not have liability insurance, by signing below, you acknowledge and accept financial liability and responsibility that participation in any activity described above involves risk to participants in the group, and may result in injury, sickness, property, or financial damage.*

Indemnification: Group representatives, on behalf of the participants, agrees to hold harmless and indemnify Saint Andrews UMC and Day School, their staff, faculty, volunteers acting on behalf of the church and school against all losses, costs, damages, claims, expenses, or other liability whatsoever including all reasonable attorneys' fees arising out of, or connected with the Groups' use under this Agreement, including, but not limited to, any accident or injury to persons or property.

Please sign and print that you are indemnifying Saint Andrew's UMC and Day School, assuming all responsibility and liability for your group while on Saint Andrew's United Methodist Church's grounds and buildings.

Group Representative's Signature _____

Group Representative's Printed Name _____

Date _____

For Use by Church Only

Date Received _____

Approved _____ Disapproved _____

Signature _____ Date _____



Rental of Facilities, Grounds, and/or Equipment Price Sheet

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Organization:	Event Date:
Contact Name:	
Phone:	Email:
Has the "Policies & Procedures for Renting the Church Facilities, Grounds, and/or Equipment" been signed and submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(It must be signed and submitted before the request can be approved.)</i>	
Approximate Number of Attendees:	

Facility/Grounds Requested	Rate	Total
Security Deposit (Due prior to approval)	\$500.00	
<input type="checkbox"/> Sanctuary (4 hours)	\$500.00	
<input type="checkbox"/> Sanctuary (Per additional hour) #	\$ 75.00	
<input type="checkbox"/> Schieke Hall (4 hours)	\$500.00	
<input type="checkbox"/> Schieke Hall (Per additional hour) #	\$ 75.00	
<input type="checkbox"/> Kitchen (Per hour) # <i>The Kitchen may be used without charge for storage and warm-up.</i>	\$ 25.00	
<input type="checkbox"/> Parlor <i>There is no charge if used in conjunction with the Sanctuary.</i>	\$ 25.00	
<input type="checkbox"/> Ballfield(s) Specify ballfields: <i>Determined by field usage/frequency.</i>	TBD	
<input type="checkbox"/> Custodial Fees (2 hours per space)	\$100.00	
<input type="checkbox"/> Custodial Overtime (Per hour) # <i>Custodial overtime will be charged for excessive cleaning requirements and will be deducted from the security deposit.</i>	\$ 75.00	
<input type="checkbox"/> Overtime Use Fee (Per hour) # <i>Overtime use fee is charged when the Event exceeds the agreed hours and will be deducted from the security deposit.</i>		
TOTAL COST (Excluding overtime fees)		
Balance Due 2 weeks prior to Event paid by check or money order	Due Date:	
Alternate Compensation – Specify		

Renter
Signature _____
Date _____

Trustee
Signature _____
Date _____

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