



Facility/Property Use Reservation Form

Hours of Operation:
Monday - Friday, : 9 a.m. - 4 p.m.
Phone: 919-266-2373 Fax: 919-217-1009
Email: kumc1@bellsouth.net
www.knightdaleumc.org

Event Name: _____ Date Filled Out: _____

Contact Name: _____ Contact Email & Phone: _____

Member of KUMC?: _____

SCHEDULING INFORMATION

<input type="checkbox"/> 1 Time Event Event Date: _____ <input type="checkbox"/> Recurring (See Right) <input type="checkbox"/> Property/Van (See Below)	<input type="checkbox"/> Weekly Day of Week: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	Monthly (list dates)		Other (list dates)	
		Jan _____ July _____ Feb _____ Aug _____ Mar _____ Sept _____ Apr _____ Oct _____ May _____ Nov _____ June _____ Dec _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Reservation Time: (Inc. Set/Clean Up) Begin Time: _____ ^{AM} End Time: _____ ^{AM} _____ ^{PM} _____ ^{PM}		Actual Start Time: _____ Est. # of Attendees: _____		Start Date: _____ End Date: _____	
Exceptions - Will Not Meet: _____ _____					

RESOURCES REQUESTED

<input type="checkbox"/> Lobby	<input type="checkbox"/> Johnson-Doub (402)	<input type="checkbox"/> Coffee Bar		
<input type="checkbox"/> *Worship Room*	<input type="checkbox"/> Seekers (406)	<input type="checkbox"/> Library		
Classroom Preference				
<input type="checkbox"/> 403 (Seats 15-20)	<input type="checkbox"/> 404 (Seats 10-15)	<input type="checkbox"/> 405 (Seats 10-15)	<input type="checkbox"/> 407 (Seats 8-10)	<input type="checkbox"/> 408 (Seats 15-20)
<input type="checkbox"/> 409 (Seats 10-15)	<input type="checkbox"/> 410 (Seats 10-15)	<input type="checkbox"/> 411 (Seats 8-10)	<input type="checkbox"/> 412 (Seats 10-15)	<input type="checkbox"/> 413 (Seats 10-15)

Is Sound or AV Equipment needed? (**Fee Required - See Back of Form**) Yes No

In House Property/Equipment Request (with room use)

Chairs _____ How Many? Microphones
 Tables _____ How Many? Podium
 Projector TV/DVD Player

Loan Out - Property/Equipment Request (off-site use)

Chairs _____ How Many? Portable Tent (12x20)
 Rectangle Tables _____ How Many?
 Commercial Tent (20x40) _____ How Many? (2 available)
 Van: Drivers Name: _____
 Pick Up Date & Time: _____
 Drop Off Date & Time: _____
 Destination: _____

Kitchen Usage (**Fee Required - See Back of Form**)

Kitchen Required
 I have had kitchen training at KUMC.
 Caterer: (All cooking of catered foods for events that occupy KUMC's kitchen facility must be done by a caterer that can provide a Certificate of Insurance (C.O.I.) prior to the kitchen usage.)
 Caterer Name: _____
 Phone Number: _____
 Email Address: _____
 Person in Charge of Serving: _____
 *Person in Charge of Clean Up: _____

**(It is very important that you have a person for cleanup. If the kitchen is not cleaned properly, this person will be called and asked to come back to do so.)*

***Rates for Facility Usage**

<u>Worship Room</u>	<u>Kitchen</u>	<u>Additional Fees</u>
Up to 4 Hours.....\$200.00	Up to 4 Hours.....\$125.00	Any Day-Of Changes.....\$25.00
Each Additional Hour.....\$ 50.00	Entire Day \$200.00	Refundable Cleaning Deposit ...\$10.00
<u>Johnson-Doub (402)</u>	<u>Coffee Bar</u>	Nursery Fees\$20/hour
Up to 4 Hours.....\$ 75.00	Up to 4 Hours.....\$ 50.00	**Sound Tech**
Entire Day\$125.00	Entire Day \$ 75.00	Up to 4 Hours.....\$100.00
<u>Seekers (406)</u>	<u>Library</u>	Each Additional Hour.....\$25.00
Up to 4 Hours.....\$100.00	Up to 4 Hours.....\$ 50.00	<p align="center">*Per Building Use Policy: Special usage and secular programs will be assessed a fee to recover the cost of maintenance. Church sponsored or members will not be charged a fee except where custodial services are required. Donations will be accepted to defray the operating costs.</p>
Entire Day\$150.00	Entire Day \$ 75.00	
<u>Lobby</u>	<u>Classrooms</u>	
Up to 200 People.....\$200.00	Up to 4 Hours.....\$50.00	
Every 50 Over.....\$100.00	Entire Day.....\$75.00	

Nursery Usage

Nursery Required (All Nursery usages must be arranged at least two weeks prior to the event and fees will apply.)

Number of Children Expected:

6 Weeks - 2 Years: _____

3 Years - 4 Years: _____

5 Years - 5th Grade: _____

Event Description

(Please add event description for Web Calendar information.)

Acknowledgement

I understand that space will be allotted, and is subject to change, according to the size of the group and availability beyond church activities. I further agree that I have received, read, understand, and agree to abide by the current Building Use Policies and Guidelines for using space at KUMC. I understand that failure to follow these guidelines may result in my group being unable to use the assigned room in the future. I also understand that any concerns or questions I have may be directed to the Pastor or the church office at 919-266-2373.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date Received: _____

Amount Due : _____

Date Recorded: _____

Deposit: _____

Caterer Certificate of Insurance

Computer: _____

Date Paid: _____

Confirmation Sent: _____

Check No.: _____

Assignments: _____

Key Number: _____

Balance: _____

Sound: _____

Key Issued to: _____

Date Paid: _____

Kitchen: _____

Check No.: _____