

**LANGHORNE UNITED METHODIST CHURCH BUILDING USE AGREEMENT**

The Trustees of the Langhorne United Methodist Church request that you supply the following information regarding your use of the facilities at LUMC. Please complete this form for your event in the church building and return it to the church secretary. It will be forwarded for approval by the Board of Trustees at their next meeting on the first Monday of the month. Confirmation that the requested space has been booked is NOT ASSURED until a copy of this form is returned to the Church Office, and the Trustees have officially approved the event. You will be notified if the room use has been approved or denied.

**The following fees apply:**

Church Members

Non-Members

Sanctuary Use: No Fee

Sanctuary Use: \$250.00

Use of Fellowship Hall/Kitchen  
\$100 refundable security deposit  
A donation of \$150 is requested.

Use of Fellowship Hall/Kitchen  
\$100 refundable security deposit  
\$250 usage fee

**Use of sanctuary must be approved by Pastor prior to form being submitted to trustees.**

Sanctuary Use Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

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Date Form Issued: \_\_\_\_\_ Date cleared with office: \_\_\_\_\_

NAME OF GROUP: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does your organization carry its own liability insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

**NAME OF EVENT/PROGRAM/MEETING** \_\_\_\_\_

Usage request date: \_\_\_\_\_

Start Time: \_\_\_\_\_ (Please note all events must conclude by 10:00pm)

Briefly describe the purpose and nature of the event or program:

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**WHAT ARE YOUR BUILDING USE REQUIREMENTS?**

Sanctuary:            Yes: \_\_\_\_\_            No: \_\_\_\_\_  
Fellowship Hall:    Yes: \_\_\_\_\_            No: \_\_\_\_\_  
Kitchen:              Yes: \_\_\_\_\_            No: \_\_\_\_\_

Estimated Number of persons in attendance: \_\_\_\_\_

I have completed the form above to the best of my ability and I have read the regulations regarding room usage at Langhorne United Methodist Church. I understand that as a sponsor, I am responsible for the condition of the room after usage, and will be responsible for any damage which may occur. I further understand that all fees associated with this room usage form must be submitted to church secretary prior to date of requested usage and once I have been notified that my request has been approved by Board of Trustees.

Signature of Sponsor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Board of Trustees:

Approved: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Date of Disapproval: \_\_\_\_\_