

ASBURY UNITED METHODIST CHURCH
110 WEST NORTH STREET, CHARLES TOWN, WV 25414
OFFICE 725-5513 FAX 725-3428

BUILDING RESERVATION FORM

SPACE REQUESTED Asbury Center

DATE REQUESTED _____

BEGINNING TIME _____ ENDING TIME _____

HOW MANY PEOPLE _____ TABLES/CHAIRS _____

GROUP/ORGANIZATION _____

PURPOSE FOR BUILDING USE: _____

CONTACT NAME(S) _____

HOME PHONE _____ WORK _____

ADDRESS: _____

Is this a non-profit organization? yes no Does the leader(s), director(s),
instructor(s) receive personal income from this activity? yes no

Date form completed

Signature of requester & phone number (if different)

CONTRACT

Use of our buildings by groups, organizations or individuals, that are not sponsored by Asbury United Methodist Church, are responsible for liability and must have a ***Certificate of Insurance*** covering the event, minimum coverage of \$300,000 personal liability each occurrence and \$5,000 medical payments each occurrence, before use of the building is permitted.

The Asbury United Methodist Church, representatives, or officers are not responsible for liability claims which may arise due to participation in activities held in Church facilities by these groups.

The above requester is responsible for turning off the lights and locking all doors before leaving facility, **and for any repairs due to damage.**

All donations are to be made out to Asbury UMC.
Smoking and alcohol are not permitted on any church property.

Date Key issued _____ To Whom _____

Date Key returned _____ Deposit _____ Donation _____

APPROVED yes no _____ Pastor

APPROVED yes no _____ B&G

APPROVED yes no _____ Trustee